

FORM A : Please complete once for each Clinical Neurophysiologist

Postcode of Centre (Please complete)	
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1. Approximately how many referrals with provisional diagnosis of MND do you receive at your centre per year?	
2. What is the allocated appointment time for a patient referred with a provisional diagnosis of MND? (minutes)	
3. Do you use published guidelines for the electrodiagnosis of MND?	Yes / No
4. If so please give reference(s)	
5. Do you use a local protocol for the electrodiagnosis of MND?	Yes / No
6. If so please attach copy	Attached / not applicable
7. Have you performed a local or regional audit on the electrodiagnosis of MND?	Yes / No
8. If so please provide a summary and main recommendations.	
9. When patient referred with suspected MND; does needle EMG include routinely? (circle)	
- Muscle sampling in 4 body regions (i.e. cervical, thoracic, lumbosacral and bulbar)?	Yes/ No
- At least 2 muscles in each body region?	Yes/ No
- Muscles sampling on one side of the body in 4 body regions?	Yes/ No
- Muscles sampling on two sides of the body in 4 body regions?	Yes/No
10. Name the most common 2-3 muscles sampled in the bulbar region?	

11. Name the most common 2-3 muscles sampled in the cervical region?		
12. Name the most common 2-3 muscles sampled in the thoracic region?		
13. Name the most common 2-3 muscles sampled in the lumbosacral region?		
14. Does needle EMG examination include recording motor unit parameters (amplitude, duration, firing rate, stability...etc)?		Yes / No
15. Please state the number of muscles tested in each region when patient presents with <u>fasciculations and no evidence of denervation</u> is found on needle EMG. (If no muscles tested put 0)	Region	Number of muscles tested
	Cervical	
	Lumbosacral	
	Thoracic	
	Bulbar	
16. Please state the number of muscles tested in each region when patient presents with <u>fasciculations and denervation</u> is found on needle EMG. (If no muscles tested put 0)	Region	Number of muscles tested
	Cervical	
	Lumbosacral	
	Thoracic	
	Bulbar	
17. Please state the number of muscles tested in each region when patient presents with <u>weakness in one body region</u> (e.g. unilateral foot drop) (If no muscles tested put 0)	Region	Number of muscles tested
	Cervical	
	Lumbosacral	
	Thoracic	
	Bulbar	
18. Please state the number of muscles tested in each region when patient presents with <u>weakness in two body regions</u> (cervical and lumbosacral) (If no muscles tested put 0)	Region	Number of muscles tested
	Cervical	
	Lumbosacral	
	Thoracic	
	Bulbar	

19. Please state the muscles tested in each region when patient presents with <u>bulbar symptoms</u> only. (If no muscles tested put 0)	Region	Number of muscles tested
	Cervical	
	Lumbosacral	
	Thoracic	
	Bulbar	
20. Do you perform needle EMG if patient is taking		
- Warfarin		Yes/ No
- Oral anticoagulants (excluding aspirin)		Yes/ No
21. Do you perform other neurophysiological tests?		
- NCS routinely		Yes/ No
-Segmental/proximal motor studies (for assessment of MFMNCB) If yes, please state the reason for doing this test:		Yes/ No
-Repetitive nerve stimulation: If yes, please state the reason for doing this test:		Yes/ No
-Motor unit number estimation (MUNE): If yes, please state the reason for doing this test:		Yes/ No
-Transcranial Magnetic Stimulation: If yes, please state the reason for doing this test:		Yes/No
-Others: If yes, please state		Yes/No
22. Do you perform a follow up study routinely?		Yes/ No
If yes- Do you specify a recommended time of a repeat study? (please state)		

Thank you for completing the audit questionnaire, please use the space below if you have further comments: