

The Unified Myoclonus Rating Scale

Videotape Instruction for the Unified Myoclonus Rating Scale

The following comments serve as general guidelines for obtaining videotapes of the performance of the Unified Myoclonus Rating Scale.

SPACE AND EQUIPMENT

Use a high-8 camcorder mounted on a tripod for recording. Avoid taping in front of a window or in poor lighting. It is recommended to play back a sample tape in a high-8 tape deck, as the quality of the image in the viewfinder of the camera is sometimes better than the recorded image. Use a room large enough to record the patient walking 15 feet. Alternatively, the tripod can be moved into a hallway for taping the patient's gait. Avoid including any identifying information in the tape that would reveal the patient's identity, date, or location. Always tape patients in the same room on each visit.

PROCEDURES

Ask the patient to sign a standard consent form at taping, giving permission to use the tape and the information contained in it for research, including publication in scientific journals. Patients will not be identified by name. The patient's name, diagnosis, medications, and date of taping can be filmed for several seconds to permanently record the information on the tape (this will later be edited out).

All recordings should have the whole body in the picture unless otherwise specified. Position the tripod approximately 10 feet from the patient.

Patients should be videotaped wearing a standard hospital gown, which allows visualization of their arms and legs. Patients will sit in a hard-backed chair, lacking arm supports if possible. For performance of the functional tests, a portable table of comfortable height should be used. Plastic, clear glasses with an easily visible 8-ounce mark and a soup spoon should be used.

Videotape Protocol

Section 2: Myoclonus at rest

Focus on face	30 seconds
Full front	30 seconds
Focus on hands	30 seconds

Section 3: Stimulus sensitivity

Threat	Full front	15 seconds
Clap hands	Full front	15 seconds
Tap nose	Upper body	15 seconds
Jaw jerk	Upper body	15 seconds
Pin prick: Cheek	Face	15 seconds
Pin prick: Right forearm	Upper body	15 seconds
Pin prick: Left forearm	Upper body	15 seconds
Pin prick: Right foot	Lower body	15 seconds
Pin prick: Left foot	Lower body	15 seconds
Finger flick: Right index	Focus on right arm	15 seconds
Finger flick: Left index	Focus on left arm	15 seconds
Toe flick: Right great toe	Focus on right foot	15 seconds
Toe flick: Left great toe	Focus on left foot	15 seconds
Reflexes: Right bicep	Upper body	15 seconds
Reflexes: Left bicep	Upper body	15 seconds
Reflexes: Right knee	Lower body	15 seconds
Reflexes: Left knee	Lower body	15 seconds

Section 4: Myoclonus with action

Close eyelids	Focus on face	15 seconds
Neck movements	Upper body	15 seconds
Trunk	Full front	15 seconds
Arms extended, palms down	Upper body	30 seconds
Arms extended, palms down, wrists extended	Focus on hands	30 seconds
Right finger-to-nose	Upper body	30 seconds
Left finger-to-nose	Upper body	30 seconds
Right leg heel-to-shin	Lower body	30 seconds
Left leg heel-to-shin	Lower body	30 seconds
Arising	Full front	15 seconds
Standing	Full front	30 seconds
Walking	Full front	30 seconds

Section 5: Functional performance

Handwriting	Focus on hand and table	30 seconds
Right spiral	As above	30 seconds
Left spiral	As above	30 seconds
Pouring water	Upper body	30 seconds
Soupspoon	Upper body	30 seconds

Total Time: **13:15**

Section 1: Myoclonus Patient Questionnaire

A. Speech

- 1. My speech is normal.
- 2. My speech is slightly affected, but I am easily understood
- 3. People have moderate difficulty understanding me.
- 4. I can communicate, but only with great difficulty.
- 5. I cannot communicate verbally.

B. Reading (silently)

- 1. My ability to read is normal.
- 2. I have slight difficulty reading.
- 3. I have moderate difficulty reading.
- 4. I have great difficulty reading.
- 5. I cannot read.

C. Handwriting

- 1. My handwriting is normal.
- 2. Writing is more difficult, but I can write legibly.
- 3. It is difficult to read my writing.
- 4. My writing is illegible.
- 5. I cannot hold or control the pen to write.

D. Eating

- 1. I eat normally.
- 2. I can eat by myself, but with effort.
- 3. I can feed myself, but others must cut my food.
- 4. I can only feed myself finger food.
- 5. I am dependent on others to feed me.

E. Drinking

- 1. I drink normally.
- 2. I can drink from a cup, but I need to be careful.
- 3. I need a special cup to drink, or I use two hands.
- 4. I must use a straw to drink.
- 5. I cannot drink by myself.

F. Swallowing

- 1. I swallow without difficulty.
- 2. I choke occasionally.
- 3. I choke frequently and have difficulty swallowing.
- 4. I am unable to swallow firm food.
- 5. I cannot swallow soft food or liquids.

G. Hygiene

- 1. I bathe (or shower), brush my teeth, and comb my hair normally
- 2. I can perform all of these activities, but I am clumsy.
- 3. I need help with some activities, but can do most on my own.
- 4. I need help with most activities.
- 5. I am dependent on others to perform these activities.

Myoclonus Patient Questionnaire (continued)

H. Dressing

- 1. I can get dressed without a problem.
- 2. I can dress myself, but I am clumsy.
- 3. I can dress myself, but I need help with certain activities, for examples, buttons.
- 4. I need significant assistance in order to get dressed.
- 5. I am dependent on others to dress me.

I. Arising

- 1. I arise from a chair without difficulty.
- 2. I arise from a chair with slight difficulty.
- 3. I arise from a chair with significant difficulty, but I do not require assistance.
- 4. I need help to arise from a chair.
- 5. I cannot arise from a chair unless I am pulled up.

J. Standing

- 1. I can stand by myself without difficulty.
- 2. I can stand by myself, but I am a little unsteady.
- 3. I can stand by myself, but I am quite unsteady.
- 4. I can stand only if someone holds on to me.
- 5. I cannot stand even if I am assisted.

K. Walking

- 1. I walk normally.
- 2. I can walk without difficulty, but I an a little unsteady.
- 3. I can walk with difficulty, but I don't need help.
- 4. I can walk if someone holds on to me.
- 5. I cannot walk.

Patient Global Assessment

- 1. I have no disability.
- 2. I have mild disability, but I function independently.
- 3. I have moderate disability. I depend on others to help me.
- 4. I have marked disability. There are many things I cannot do even with help.
- 5. I am completely disabled. I am totally dependent on others.

Section 2: Myoclonus at rest	
A. Upper face	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
B. Lower face	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
C. Neck	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
D. Trunk	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
E. R arm	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

F. L arm	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (< 25% of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
G. R leg	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (< 25% of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
H. L leg	
Frequency at rest	Amplitude at rest
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (< 25% of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

Section 3: Stimulus sensitivity

Instructions on performing this section are included in the score sheet. Each stimulus is performed only once.

Section 4: Myoclonus with action

A. Close eyelids

Frequency with action	Amplitude with action Ask the patient to close his eyes
<input type="checkbox"/> 0. No jerks	<input type="checkbox"/> 0. Zero
<input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds	<input type="checkbox"/> 1. Trace movement only
<input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds	<input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement)
<input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds	<input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement)
<input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

B. Neck

Frequency with action	Amplitude with action Ask the patient to move his head in flexion-extension and side-to-side rotation
<input type="checkbox"/> 0. No jerks	<input type="checkbox"/> 0. Zero
<input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds	<input type="checkbox"/> 1. Trace movement only
<input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds	<input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement)
<input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds	<input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement)
<input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

C. Trunk

Frequency with action	Amplitude with action Ask the patients to flex his trunk when sitting or lying down
<input type="checkbox"/> 0. No jerks	<input type="checkbox"/> 0. Zero
<input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds	<input type="checkbox"/> 1. Trace movement only
<input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds	<input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement)
<input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds	<input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement)
<input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

MYOCLONUS WITH ACTION (CONTINUED)	
D. R arm	
Frequency with action	Amplitude with action Ask the patient to hold both arms forward with palms down for 10 seconds. Then ask the patient to extend both wrists for 10 seconds. Then perform the finger-to-nose test four times. Ask the patient to finish by leaving his finger on his nose for 10 seconds. Score the worst myoclonus seen on finger-to-nose testing.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (< 25% of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
E. L arm	
Frequency with action	Amplitude with action Ask the patient to hold both arms forward with palms down for 10 seconds. Then ask the patient to extend both wrists for 10 seconds. Then perform the finger-to-nose test four times. Ask the patient to finish by leaving his finger on his nose for 10 seconds. Score the worst myoclonus seen on finger-to-nose testing.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (< 25% of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25%-75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
F. R leg	
Frequency with action	Amplitude with action Ask the patient to perform the heel-and-toe-to-shin test four times. Score the worst myoclonus seen.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. Trace movement only (heel always remains on knee and shin) <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (heel leaves the shin at times but can complete the slide) <input type="checkbox"/> 3. Moderate-amplitude jerks (heel is unable to complete the slide) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)
G. L leg	
Frequency with Action	Amplitude with action Ask the patient to perform the heel-and-toe-to-shin test four times. Score the worst myoclonus seen.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. Trace movement only (heel always remains on knee and shin) <input type="checkbox"/> 2. Small-amplitude jerks, easily visible (heel leaves the shin at times but can complete the slide) <input type="checkbox"/> 3. Moderate-amplitude jerks (heel is unable to complete the slide) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

MYOCLONUS WITH ACTION (CONTINUED)	
H. Arising	
Frequency with action	Amplitude with action Ask the patient to arise from the chair without the use of his arms. If the patient cannot, ask them to arise using arm assist. If still unable, the examiner attempts to help the patient arise.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Patient arises without difficulty <input type="checkbox"/> 1. Patient arises with slight difficulty but does not need arm assist <input type="checkbox"/> 2. Patient arises only by pushing off with his arms, or requires several trials to arise. <input type="checkbox"/> 3. Patient cannot arise without the help of the examiner. <input type="checkbox"/> 4. Patient cannot arise unless pulled to his feet by the examiner
I. Standing	
Frequency with action	Amplitude with action Ask the patient to stand with his feet one foot apart. If necessary, the examiner helps the patient into a standing position. If the patient cannot stand unassisted, the examiner stands by the patient or supports the patient.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. Trace movement, does not interfere with standing <input type="checkbox"/> 2. Small-amplitude jerks, mildly interferes with standing <input type="checkbox"/> 3. Moderate-amplitude jerks definitely interferes with ability to stand without assistance <input type="checkbox"/> 4. Large-amplitude jerks prevent standing
J. Walking	
Frequency with action	Amplitude with action Ask the patient to walk down a corridor for 15 seconds, turn, then walk back and sit down. Patients who are unsteady or at risk for falling will walk with the examiner at their side, holding one arm if necessary.
<input type="checkbox"/> 0. No jerks <input type="checkbox"/> 1. ≤ 1 jerk per 10 seconds <input type="checkbox"/> 2. 2 or 3 jerks per 10 seconds <input type="checkbox"/> 3. 4 to 9 jerks per 10 seconds <input type="checkbox"/> 4. ≥ 10 jerks per 10 seconds	<input type="checkbox"/> 0. Zero <input type="checkbox"/> 1. Trace movement only <input type="checkbox"/> 2. Small-amplitude jerks, easily visible ($< 25\%$ of possible maximum movement) <input type="checkbox"/> 3. Moderate-amplitude jerks (25% - 75% of possible maximum movement) <input type="checkbox"/> 4. Large-amplitude jerks (near maximum movement)

Section 5: Functional Tests

A. Writing

Ask the patient to write "London, England," in script with their hand resting on the desk. Patients who do not write in script may print. Circle the hand used to write.

- 0 Normal
- 1 Mild sloppiness, but easily legible
- 2 Illegible
- 3 Cannot complete the words
- 4 Cannot hold the pen or keep the pen on the paper

B. R hand spiral

Ask the patient to complete the spiral connecting the dots with the right hand in one continuous motion. The hand remains off the desk during the task.

- 0 Normal
- 1 Completes the spiral, but crosses the lines ≤ 2 times
- 2 Completes the spiral, but crosses the lines 3-10 times
- 3 Completes the spiral, but crosses the lines > 10 times
- 4 Cannot complete the spiral, or cannot hold the pen or keep it on the paper

C. L hand spiral

Ask the patient to complete the spiral connecting the dots with the left hand in one continuous motion. The hand remains off the desk during the task.

- 0 Normal
- 1 Completes the spiral, but crosses the lines ≤ 2 times
- 2 Completes the spiral, but crosses the lines 3-10 times
- 3 Completes the spiral, but crosses the lines > 10 times
- 4 Cannot complete the spiral, or cannot hold the pen or keep it on the paper

D. Pouring water

Ask the patient to pour an eight-ounce glass of water into an empty eight-ounce glass with his dominant hand, without touching the two glasses to each other. Use clear plastic glasses.

- 0 Normal, no spill
- 1 Clumsy, but does not spill
- 2 Spills less than half of the water
- 3 Spills at least half of the water
- 4 Cannot hold the glass or refuses to try secondary to fear of spilling water

E. Soupspoon

Ask the patient to use a soupspoon to bring water from a cup to his mouth with his dominant hand.

- 0 Normal, no spill
- 1 Clumsy, but does not spill
- 2 Spoon reaches the mouth but spills at least some water
- 3 Cannot reach his mouth with the spoon
- 4 Cannot hold the spoon or refuses to try secondary to inability to hold the spoon

Section 6: Score Global Disability

- 0. Normal
- 1. Mild disability; completely independent
- 2. Moderate disability; depends on others for moderate assistance
- 3. Marked disability; many tasks impossible even with assistance
- 4. Severe disability; invalid

Section 7: Is Negative Myoclonus Present?

- 0. No (less than 50% likely)
- 1. Yes (more than 50% likely)

Section 8: Severity of Negative Myoclonus

- 0. Not present
- 1. Mild
- 2. Moderate
- 3. Severe

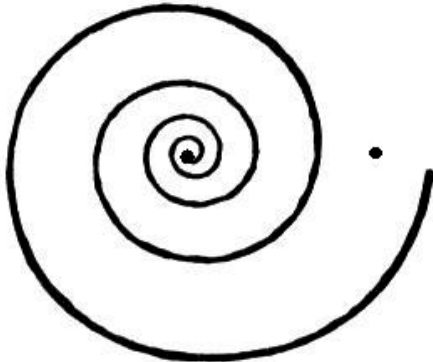
Section 5: Functional Tests

MYOCLONUS RATING SCALE: HANDWRITING / DRAWING SAMPLE

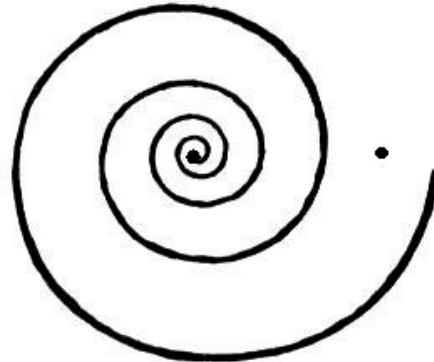
Step 1: Write "London, England." Dominant hand (right/left) rests on desk.

Step 2: Complete the spiral by connecting the dots with your right hand. Keep your arm off the desk (**A**).

Step 3: Complete the spiral by connecting the dots with your left hand. Keep your arm off the desk (**B**).



A



B

United Myoclonus Rating Scale Score Sheet

1. PATIENT QUESTIONNAIRE		2. MYOCLONUS AT REST		
A.	Speech _____	Body part	Frequency	Amplitude
B.	Reading _____	Upper face	x	_____
C.	Handwriting _____	Lower face	x	_____
D.	Eating _____	Neck	x	_____
E.	Drinking _____	Trunk	x	_____
F.	Swallowing _____	R arm	x	_____
G.	Hygiene _____	L arm	x	_____
H.	Dressing _____	R leg	x	_____
I.	Arising _____	L leg	x	_____
J.	Standing _____			TOTAL
K.	Walking _____			_____
	TOTAL _____			
	PATIENT GLOBAL ASSESSMENT _____			
3. STIMULUS SENSITIVITY Score 1 if stimulus produces a jerk in any body part; score 0 if no jerk is elicited. Each stimulus is performed only once.				
Threat: thrust hands toward patient's face unexpectedly _____				
Clap hands unexpectedly _____				
Tap patient's nose with patient's eyes closed _____				
Elicit jaw jerk _____				
Pin prick				
		On cheek		_____
		R arm (flexor surface of wrist)		_____
		L arm (flexor surface of wrist)		_____
		R leg (bottom of foot)		_____
		L leg (bottom of foot)		_____
Finger flick				
		R index finger		_____
		L index finger		_____
Toe flick				
		R great toe		_____
		L great toe		_____
Reflexes				
		R bicep		_____
		L bicep		_____
		R knee jerk		_____
		L knee jerk		_____
STIMULUS SENSITIVITY TOTAL _____				

4. MYOCLONUS WITH ACTION				5. FUNCTIONAL TESTS	
Body part	Frequency	Amplitude			
Upper face	_____	x _____		A. Writing	_____
Lower face	_____	x _____		B. R hand spiral	_____
Neck	_____	x _____		C. L hand spiral	_____
Trunk	_____	x _____		D. Pouring water	_____
R arm	_____	x _____		E. Soupspoon	_____
L arm	_____	x _____			
R leg	_____	x _____			
L leg	_____	x _____			
			TOTAL		TOTAL _____
6. GLOBAL DISABILITY SCORE					_____
7. NEGATIVE MYOCLONUS SCORE					_____
8. NEGATIVE MYOCLONUS SEVERITY SCORE					_____