

GUILLAIN-BARRE SYNDROME (GBS) BASELINE AND MONITORING TOOL - II Page 2 of 2

Pt. No. *Seq. No. **Step No. Date

mmm dd yyyy

EXAMINER ASSESSMENT:

7. Since the last visit, have there been any neurologic changes or changes in lower extremity strength? 1-Yes

At Screening/Entry: In the past 6 months, have there been any neurologic changes or changes in lower extremity strength? 2-No 8-Not able to assess

If No or Not able to assess, STOP.

If Yes, continue.

a. Describe changes [140]:

DO NOT KEY:

Clinician's Signature

Date