05-29-07 NPW0033(P1065)/03-14-07					
GBS BASELINE AND MONITORING TOOL NIAID AIDS CLINICAL TRIALS GROUP Page 1 of 2					
Patient Number Protocol Number S	Date of Patient V Institute Seq No. **Step No.	mmm dd yyyy ution Code			
* Enter a "1" if this is the first of this form for this date. Designate subsequent forms on the same date with a 2, 3, etc. **Enter the subject's current study step number. Enter '1' if the study does not have multiple steps.					
Which visit does this represent?	•	· · · —			
 Since the last visit, has the study participant of the stu	pant ever been diagnosed with	1-Yes 2-No 8-Not able to assess			
son or daughter) of the study parti Guillain-Barre syndrome?	relative ever been diagnosed with	sibling,1-Yes 2-No 8-Not able to assess			
At Entry: In the past 6 months complaints of weakn	g or changes in strength or gait?	1-Yes, transient 2-Yes, lasting more than 1 week 3-No 8-Not able to assess			
5. Does the study participant usually	walk independently?	1-Yes 2-No 8-Not able to assess			
REFLEXES (Awake, Not Crying):					
6. Were reflexes assessed?					
¹ Results	¹ Results INSTRUCTIONS FOR EVALUATING REFLEXES:				
1-Muscle contraction, with or without limb displacement 2-No reflex elicited 8-Not able to assess Right 1 Left 1 Ankle Reflex: With the study participant seated, the examiner uses one hand to press upward on the ball of the foot, dorsiflexing the participant's ankle to 90 degrees. Using a reflex hammer (preferably long-handled), the examiner strikes the Achilles tendon. The tendon reflex is felt by the examiner's hand as a plantar flexion of the foot, appearing after a slight delay from the time the Achilles tendon was struck.					
a. Ankle reflex	Patellar Reflex: Have the study participant sit with his or her legs dangling off the side of the exam table. Place your left hand on the participant's quadriceps muscle. Strike the patellar tendon firmly with the reflex hammer. Extension of the knee should be observed and a contraction of the quadriceps should be felt. Repeat the procedure in the other leg.				

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GBS BASELINE AND MONITORING TOOL

Pt. No.	*Seq. No. **Step	No. Date mmm	dd yyyy
or changes in low At Entry: In the chang	t, have there been any neurologic char rer extremity strength?	ny neurologic	1-Yes 2-No 8-Not able to assess
DO NOT KEY:	inician's Signature	Date	
03-14-07/05-29-07	Date Form Keyed (DC	D NOT KEY):/	/