

TcMRgFUS Thalamotomy Clinical Assessment Proforma

Name:

CHI:

Date:

Full assessment

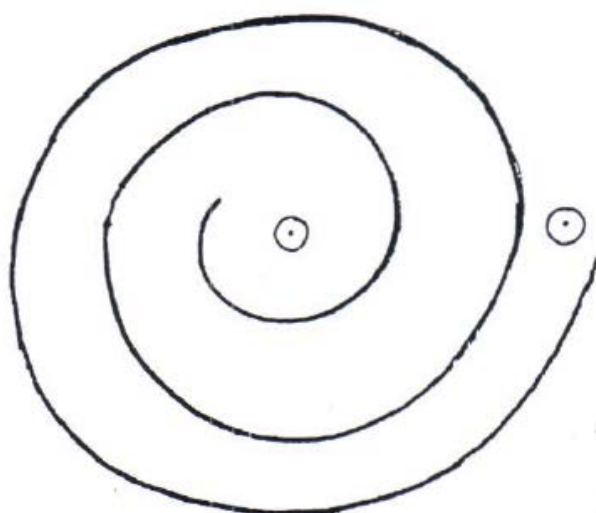
Clinical rating scale for Tremor (CRST)

Part B

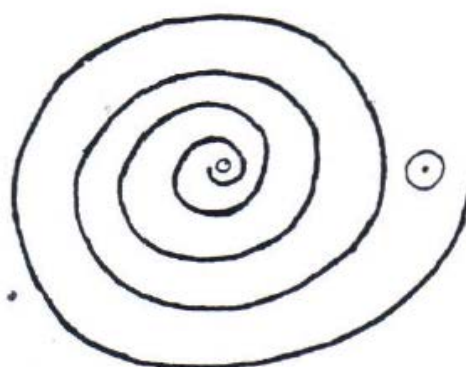
11-13. Drawing

Right hand

A.



B.



0 = Normal, 1 = Slight, 2 = Moderate (crosses lines frequently), 3 = Marked (Accomplishes with difficulty)
4 = Severe (Unable to complete drawing)

A

B

C

TcMRgFUS Thalamotomy Clinical Assessment Proforma

Name:

CHI:

Date:

Full assessment

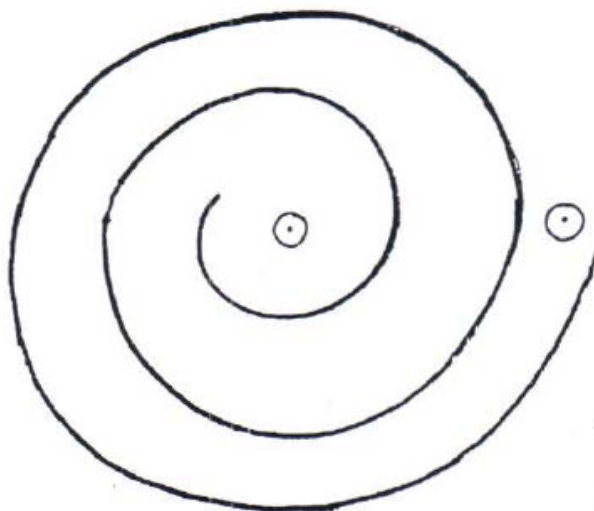
Clinical rating scale for Tremor (CRST)

Part B

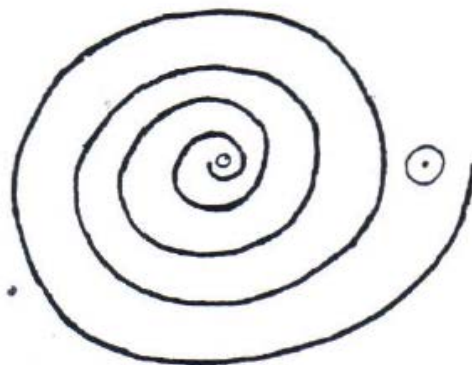
11-13. Drawing

Left hand

A.



B.



C.



0

4



0

4



0

4



0 = Normal, 1 = Slight, 2 = Moderate (crosses lines frequently), 3 = Marked (Accomplishes with difficulty)
4 = Severe (Unable to complete drawing)

A

B

C