AUTOANTIBODIES ASSOCIATED WITH SENSORY NEUROPATHY

LAST NAME:	FIRST NAME:
BIRTH DATE:	GENDER: M ☐1 F ☐0
REFERAL CENTER/DOCTOR (Name and **e-mail**):	
Date of serum sampling: |_|_| |_|_| |2|0|_|_|	

Date of neuropathy onset : …… **Neuropathy onset :** ……	|_|_| |_|_| |_|_|_|_| ☐Acute (< 2 months) ☐subacute (≥2 <6 months) ☐progressive (≥ 6 months)
Modified Rankin Scale (mRS) at sampling	
No symptoms at all	☐0
No significant disability, despite symptoms	☐1
Slight disability	☐2
Moderate disability	☐3
Moderately severe disability	☐4
Severe disability	☐5
Sensory neuronopathy score (*please, send an ENMG report if possible*)	
Ataxia in the lower or upper limbs at onset or full development of the neuropathy:	☐**3,1** ☐0
Asymmetrical distribution of sensory loss at onset or full development of the neuropathy	☐**1,7** ☐0
Sensory loss not restricted to the lower limbs at full development	☐**2** ☐0
At least 1 SAP absent or 3 SAP < 30% of the lower limit of normal in the upper limbs, not explained by entrapment neuropathy	☐**2,8** ☐0
Less than two nerves with abnormal motor NCS in the lower limbs (Abnormal if CMAP or MCV < 95% of LLN, distal latencies > 110% of LLN or F waves latency >110% of LLN)	☐**3,1** ☐0
TOTAL (possible SNN if > 6.5)	|__|__|,|__| / 12,7

Diagnosis	Yes 1 No 0
Sensory neuronopathy/ganglionopathy	☐1 ☐0
Another type of sensory neuropathy (if yes)	☐1 ☐0
Length dependent neuropathy	☐1 ☐0
Chronic inflammatory demyelinating polyneuropathy	☐1 ☐0
Small fiber neuropathy	☐1 ☐0
Trigeminal nerve Neuropathy	☐1 ☐0
Other, please specify **:** ……	☐1 ☐0
Si, other type of neuropathy than sensory neuronopathy	
Sensory impairment	☐1 ☐0
Motor impairment	☐1 ☐0
Upper limb involvement	☐1 ☐0
Lower limb involvement	☐1 ☐0
Symmetric impairment	☐1 ☐0
Asymmetric impairment	☐1 ☐0
ENMG ☐ Not done	☐axonal ☐demyelinating ☐mixed
Dysimmune context associated ? (if, Yes)	☐1 ☐0
Sjögren syndrome	☐1
Lupus	☐1
Inflammatory rheumatism	☐1
Inflammatory bowel disease	☐1
Monoclonal Gammopathy, if Yes, specify**:** ……	☐1
Other, specify**:** ……	☐1
immunomodulatory treatment? (if Yes)	☐1 ☐0
Precise which treatment(s): …… Treatment response:	☐Improved ☐stable ☐worsened