

[Study Name/ID pre-filled]

Site Name: \_\_\_\_\_

Date Form Completed: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Subject ID: \_\_\_\_\_

Visit: [pre-populated by database]

**1. Muscle MRI and Ultrasound**

Test	Date Performed (MM/YYYY)	Where Performed
Muscle MRI	___/___	
Ultrasound	___/___	

i. Is a pattern seen?

Yes  No

ii. If yes, is this pattern consistent with one described in a CMD subtype?

Yes  No, specify \_\_\_\_\_

**2. Thigh Muscles**

Muscle	Level of Involvement on MRI	Level of Involvement on Ultrasound	Pattern on Ultrasound
Vastus lateralis	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Vastus intermedius	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Rectus femoris	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Vastus medialis	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Adductor longus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Sartorius	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Adductor magnus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like

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Muscle	Level of Involvement on MRI	Level of Involvement on Ultrasound	Pattern on Ultrasound
Gracilis	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Biceps femoris	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Semitendinosus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Semimembranosus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like

**3. Calf Muscles**

Muscle	Level of Involvement on MRI	Level of Involvement on Ultrasound	Pattern on Ultrasound
Gastrocnemius: medial	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Gastrocnemius: lateral	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Soleus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Tibialis anterior	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Tibialis posterior	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Extensor digitorum longus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like

## Muscle Imaging

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Visit: *[pre-populated by database]*

Muscle	Level of Involvement on MRI	Level of Involvement on Ultrasound	Pattern on Ultrasound
Extensor digitorum brevis	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like
Peroneus longus	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Yes – severe <input type="checkbox"/> Yes – mild/moderate <input type="checkbox"/> No	<input type="checkbox"/> Granular <input type="checkbox"/> Mixed <input type="checkbox"/> Streak-like

GENERAL INSTRUCTIONS

This form contains data elements that are collected from muscle imaging to assess progression of disease.

Responses to categories are obtained from health professionals performing the procedure and laboratory tests results.

SPECIFIC INSTRUCTIONS

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

- **MRI and Ultrasound date performed** - The preferred format for recording date is MM/YYYY. 99/9999 can be used to indicate an unknown date.