

**RECORD FORMS FOR THE
MULTIPLE SCLEROSIS FUNCTIONAL COMPOSITE**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| LOWER EXTREMITY FUNCTION: TIMED 25-FOOT WALK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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TIMED 25-FOOT WALK

| | | | |
|--|-------------------------------|---------------------------------|--|
| Did patient wear an AFO? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Was assistive device used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Assistive device used (<i>mark one</i>): | | | |
| <input type="checkbox"/> Unilateral Assistance | <input type="checkbox"/> Cane | <input type="checkbox"/> Crutch | |
| <input type="checkbox"/> Bilateral Assistance | <input type="checkbox"/> Cane | <input type="checkbox"/> Crutch | <input type="checkbox"/> Walker/Rollator |

Trial 1

| | | | | | | | | |
|---|---|----------|-------|--|--|--|----------------------------------|--|
| Time for 25-Foot Walk | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | | | | | | <input type="checkbox"/> seconds | |
| | | | | | | | | |
| For a complete trial, record any circumstances that affected the patient's performance: | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| If trial was not completed (<i>mark one</i>): | | | | | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | ⇒ | Specify: | _____ | | | | | |
| <input type="checkbox"/> Other | ⇒ | | _____ | | | | | |

Trial 2

| | | | | | | | | |
|---|---|----------|-------|--|--|--|----------------------------------|--|
| Time for 25-Foot Walk | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> | | | | | | <input type="checkbox"/> seconds | |
| | | | | | | | | |
| For a complete trial, record any circumstances that affected the patient's performance: | | | | | | | | |
| _____ | | | | | | | | |
| _____ | | | | | | | | |
| If trial was not completed (<i>mark one</i>): | | | | | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | ⇒ | Specify: | _____ | | | | | |
| <input type="checkbox"/> Other | ⇒ | | _____ | | | | | |

Did it take more than two attempts to get two successful trials? Yes No

If yes, please specify reasons(s) for more than two attempted trials:

| | | | | | | | | | | | | | | | | | | | | |
|---|------------------|-----|-------|---|--|--|--|---|--|--|--|----------------|---|--|--|--|---|--|--|--|
| UPPER EXTREMITY FUNCTION: NINE-HOLE PEG TEST (9-HPT) | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | Visit Date: | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | |
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| | | | | | | | | | | | | | | | | | | | | |
| Subject ID Number | Subject Initials | Day | Month | Year | | | | | | | | | | | | | | | | |

9-HOLE PEG TEST

| | |
|-----------------------------------|---|
| DOMINANT HAND (Check one): | Right <input type="checkbox"/> Left <input type="checkbox"/> |
|-----------------------------------|---|

DOMINANT HAND

Trial 1

| | | | | | | |
|---|----------|----------------|--|--|--|---------|
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> | | seconds |
| | | | | | | |
| | | | | | | |
| For a complete trial, record any circumstances that affected the patient's performance: _____ _____ | | | | | | |
| If trial was not completed (<i>mark one</i>): | | | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | Specify: | _____ _____ | | | | |
| <input type="checkbox"/> Other | ➡ | _____ _____ | | | | |

Trial 2

| | | | | | | |
|---|----------|----------------|--|--|--|---------|
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> | | seconds |
| | | | | | | |
| | | | | | | |
| For a complete trial, record any circumstances that affected the patient's performance: _____ _____ | | | | | | |
| If trial was not completed (<i>mark one</i>): | | | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | Specify: | _____ _____ | | | | |
| <input type="checkbox"/> Other | ➡ | _____ _____ | | | | |

| |
|---|
| Did it take more than two attempts to get two successful trials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify reason(s) for more than two attempted trials: _____ _____ |
|---|

NON-DOMINANT HAND

Trial 1

| | | | | | | |
|---|----------|----------------|--|--|--|---------|
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> | | seconds |
| | | | | | | |
| | | | | | | |
| For a complete trial, record any circumstances that affected the patient's performance: _____ _____ | | | | | | |
| If trial was not completed (<i>mark one</i>): | | | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | Specify: | _____ _____ | | | | |
| <input type="checkbox"/> Other | ➡ | _____ _____ | | | | |

Trial 2

| | | | | | | |
|---|----------|----------------|--|--|--|---------|
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> | | seconds |
| | | | | | | |
| | | | | | | |
| For a complete trial, record any circumstances that affected the patient's performance: _____ _____ | | | | | | |
| If trial was not completed (<i>mark one</i>): | | | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | Specify: | _____ _____ | | | | |
| <input type="checkbox"/> Other | ➡ | _____ _____ | | | | |

| |
|---|
| Did it take more than two attempts to get two successful trials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify reason(s) for more than two attempted trials: _____ _____ |
|---|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| COGNITIVE FUNCTION: PASAT - PRACTICE ITEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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PASAT Practice Items

RATE #1
(3 sec.)

| | | | | | | | | | |
|---------|--------|--------|--------|--------|---------|---------|---------|--------|--------|
| 9 + 1 | 3 | 5 | 2 | 6 | 4 | 9 | 7 | 1 | 4 |
| 10 ____ | 4 ____ | 8 ____ | 7 ____ | 8 ____ | 10 ____ | 13 ____ | 16 ____ | 8 ____ | 5 ____ |

| | | | | | | | | | |
|---------|--------|--------|--------|--------|---------|---------|---------|--------|--------|
| 9 + 1 | 3 | 5 | 2 | 6 | 4 | 9 | 7 | 1 | 4 |
| 10 ____ | 4 ____ | 8 ____ | 7 ____ | 8 ____ | 10 ____ | 13 ____ | 16 ____ | 8 ____ | 5 ____ |

| | | | | | | | | | |
|---------|--------|--------|--------|--------|---------|---------|---------|--------|--------|
| 9 + 1 | 3 | 5 | 2 | 6 | 4 | 9 | 7 | 1 | 4 |
| 10 ____ | 4 ____ | 8 ____ | 7 ____ | 8 ____ | 10 ____ | 13 ____ | 16 ____ | 8 ____ | 5 ____ |

PASAT Practice Items

RATE #2
(2 sec.)

| | | | | | | | | | |
|---------|---------|--------|---------|---------|--------|---------|--------|--------|---------|
| 3 + 8 | 2 | 7 | 9 | 1 | 8 | 5 | 2 | 6 | 4 |
| 11 ____ | 10 ____ | 9 ____ | 16 ____ | 10 ____ | 9 ____ | 13 ____ | 7 ____ | 8 ____ | 10 ____ |

| | | | | | | | | | |
|---------|---------|--------|---------|---------|--------|---------|--------|--------|---------|
| 3 + 8 | 2 | 7 | 9 | 1 | 8 | 5 | 2 | 6 | 4 |
| 11 ____ | 10 ____ | 9 ____ | 16 ____ | 10 ____ | 9 ____ | 13 ____ | 7 ____ | 8 ____ | 10 ____ |

| | | | | | | | | | |
|---------|---------|--------|---------|---------|--------|---------|--------|--------|---------|
| 3 + 8 | 2 | 7 | 9 | 1 | 8 | 5 | 2 | 6 | 4 |
| 11 ____ | 10 ____ | 9 ____ | 16 ____ | 10 ____ | 9 ____ | 13 ____ | 7 ____ | 8 ____ | 10 ____ |

| COGNITIVE FUNCTION: PASAT - FORM A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------|--|--|------------------|--|--|--|--|--|-------------------|--|--|--|--|------------------|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|-----|--|-------|--|--|------|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject ID Number | | | | | Subject Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day | | Month | | | Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RATE #1
(3 sec)

| | | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1 + 4 | 8 | 1 | 5 | 1 | 3 | 7 | 2 | 6 | 9 |
| 5 ____ | 12 ____ | 9 ____ | 6 ____ | 6 ____ | 4 ____ | 10 ____ | 9 ____ | 8 ____ | 15 ____ |
| 4 | 7 | 3 | 5 | 3 | 6 | 8 | 2 | 5 | 1 |
| 13 ____ | 11 ____ | 10 ____ | 8 ____ | 8 ____ | 9 ____ | 14 ____ | 10 ____ | 7 ____ | 6 ____ |
| 5 | 4 | 6 | 3 | 8 | 1 | 7 | 4 | 9 | 3 |
| 6 ____ | 9 ____ | 10 ____ | 9 ____ | 11 ____ | 9 ____ | 8 ____ | 11 ____ | 13 ____ | 12 ____ |
| 7 | 2 | 6 | 9 | 5 | 2 | 4 | 8 | 3 | 1 |
| 10 ____ | 9 ____ | 8 ____ | 15 ____ | 14 ____ | 7 ____ | 6 ____ | 12 ____ | 11 ____ | 4 ____ |
| 8 | 5 | 7 | 1 | 8 | 2 | 4 | 9 | 7 | 9 |
| 9 ____ | 13 ____ | 12 ____ | 8 ____ | 9 ____ | 10 ____ | 6 ____ | 13 ____ | 16 ____ | 16 ____ |
| 3 | 1 | 5 | 7 | 4 | 8 | 1 | 3 | 8 | 2 |
| 12 ____ | 4 ____ | 6 ____ | 12 ____ | 11 ____ | 12 ____ | 9 ____ | 4 ____ | 11 ____ | 10 ____ |

Total Correct (raw) = _____

Percent Correct = _____

RATE #2
(2 sec)

| | | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 4 + 3 | 7 | 2 | 5 | 1 | 8 | 6 | 9 | 1 | 7 |
| 7 ____ | 10 ____ | 9 ____ | 7 ____ | 6 ____ | 9 ____ | 14 ____ | 15 ____ | 10 ____ | 8 ____ |
| 9 | 4 | 6 | 3 | 5 | 8 | 1 | 6 | 2 | 7 |
| 16 ____ | 13 ____ | 10 ____ | 9 ____ | 8 ____ | 13 ____ | 9 ____ | 7 ____ | 8 ____ | 9 ____ |
| 5 | 9 | 4 | 5 | 2 | 6 | 4 | 8 | 3 | 5 |
| 12 ____ | 14 ____ | 13 ____ | 9 ____ | 7 ____ | 8 ____ | 10 ____ | 12 ____ | 11 ____ | 8 ____ |
| 9 | 7 | 4 | 2 | 8 | 5 | 2 | 1 | 6 | 4 |
| 14 ____ | 16 ____ | 11 ____ | 6 ____ | 10 ____ | 13 ____ | 7 ____ | 3 ____ | 7 ____ | 10 ____ |
| 7 | 3 | 5 | 9 | 6 | 4 | 5 | 3 | 9 | 4 |
| 11 ____ | 10 ____ | 8 ____ | 14 ____ | 15 ____ | 10 ____ | 9 ____ | 8 ____ | 12 ____ | 13 ____ |
| 1 | 8 | 3 | 1 | 6 | 8 | 5 | 4 | 2 | 6 |
| 5 ____ | 9 ____ | 11 ____ | 4 ____ | 7 ____ | 14 ____ | 13 ____ | 9 ____ | 6 ____ | 8 ____ |

Total Correct (raw) = _____

Percent Correct = _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| COGNITIVE FUNCTION: PASAT - FORM B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RATE #1
(3 sec)

| | | | | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2 + 7 | 5 | 8 | 2 | 9 | 6 | 4 | 1 | 3 | 6 |
| 9____ | 12____ | 13____ | 10____ | 11____ | 15____ | 10____ | 5____ | 4____ | 9____ |
| 3 | 6 | 2 | 8 | 4 | 9 | 1 | 6 | 7 | 2 |
| 9____ | 9____ | 8____ | 10____ | 12____ | 13____ | 10____ | 7____ | 13____ | 9____ |
| 4 | 1 | 5 | 7 | 3 | 9 | 7 | 2 | 6 | 8 |
| 6____ | 5____ | 6____ | 12____ | 10____ | 12____ | 16____ | 9____ | 8____ | 14____ |
| 4 | 2 | 5 | 8 | 5 | 9 | 3 | 7 | 1 | 4 |
| 12____ | 6____ | 7____ | 13____ | 13____ | 14____ | 12____ | 10____ | 8____ | 5____ |
| 2 | 4 | 3 | 6 | 1 | 7 | 3 | 8 | 3 | 9 |
| 6____ | 6____ | 7____ | 9____ | 7____ | 8____ | 10____ | 11____ | 11____ | 12____ |
| 1 | 3 | 5 | 2 | 6 | 4 | 9 | 7 | 1 | 4 |
| 10____ | 4____ | 8____ | 7____ | 8____ | 10____ | 13____ | 16____ | 8____ | 5____ |

Total Correct (raw) = _____

Percent Correct = _____

RATE #2
(2 sec)

| | | | | | | | | | |
|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|
| 7 + 8 | 6 | 3 | 7 | 5 | 9 | 1 | 2 | 6 | 8 |
| 15____ | 14____ | 9____ | 10____ | 12____ | 14____ | 10____ | 3____ | 8____ | 14____ |
| 3 | 6 | 2 | 5 | 9 | 7 | 1 | 8 | 3 | 6 |
| 11____ | 9____ | 8____ | 7____ | 14____ | 16____ | 8____ | 9____ | 11____ | 9____ |
| 7 | 4 | 2 | 5 | 3 | 8 | 6 | 2 | 3 | 7 |
| 13____ | 11____ | 6____ | 7____ | 8____ | 11____ | 14____ | 8____ | 5____ | 10____ |
| 3 | 5 | 2 | 8 | 5 | 3 | 7 | 4 | 1 | 5 |
| 10____ | 8____ | 7____ | 10____ | 13____ | 8____ | 10____ | 11____ | 5____ | 6____ |
| 2 | 4 | 1 | 6 | 3 | 9 | 7 | 1 | 8 | 4 |
| 7____ | 6____ | 5____ | 7____ | 9____ | 12____ | 16____ | 8____ | 9____ | 12____ |
| 6 | 2 | 5 | 8 | 1 | 9 | 7 | 2 | 8 | 3 |
| 10____ | 8____ | 7____ | 13____ | 9____ | 10____ | 16____ | 9____ | 10____ | 11____ |

Total Correct (raw) = _____

Percent Correct = _____

| COGNITIVE FUNCTION: PASAT SUMMARY SCORE SHEET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|-------|-------|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Subject ID Number</p> | | | | | | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Subject Initials</p> | | | | | | | Visit | Date: | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Day</p> | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Month</p> | | | | | | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Year</p> | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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PASAT Summary Score Sheet

| | | | | |
|---------------------------------------|--------------------------|---------------|--------------------------|---------------|
| FORM USED (<i>Check one</i>) | <input type="checkbox"/> | Form A | <input type="checkbox"/> | Form B |
|---------------------------------------|--------------------------|---------------|--------------------------|---------------|

| PASAT 3" | Value | Range | | |
|--|---|----------------|--|------|
| Total Correct | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td><td style="width: 50%;"></td> </tr> </table> | | | 0-60 |
| | | | | |
| For a complete PASAT 3", record any circumstances that affect the patient's performance: | | | | |
| <hr/> <hr/> | | | | |
| If PASAT 3" was not completed (<i>mark one</i>): | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | ⇒ | Specify: <hr/> | | |
| <input type="checkbox"/> Other | ⇒ | <hr/> | | |

| PASAT 2" | Value | Range | | |
|--|---|----------------|--|------|
| Total Correct | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td><td style="width: 50%;"></td> </tr> </table> | | | 0-60 |
| | | | | |
| For a complete PASAT 2", record any circumstances that affect the patient's performance: | | | | |
| <hr/> <hr/> | | | | |
| If PASAT 2" was not completed (<i>mark one</i>): | | | | |
| <input type="checkbox"/> Unable to complete trial due to physical limitations | ⇒ | Specify: <hr/> | | |
| <input type="checkbox"/> Other | ⇒ | <hr/> | | |

Did it take more than one attempt to get one successful trial? Yes No
 If yes, please specify reason(s) for more than one attempted trial:

Supplemental scores (*optional*):

| PASAT 3" | PASAT 2" |
|-------------------------------------|-------------------------------------|
| Total correct in first half: ----- | Total correct in first half: ----- |
| Total correct in second half: ----- | Total correct in second half: ----- |
| Total commission errors: ----- | Total commission errors: ----- |
| Total omission errors: ----- | Total omission errors: ----- |