MDS-UPDRS

Patient's Name: Elbert Tingey Date: April 28, 2023

Rater's Name: Dr. Ruby Renzulli Caregiver's Name: Amanda Vaughn

I. Non-Motor Aspects of Experiences of Daily Living (nM-EDL) (Past Week)

Part IA: Complex Behaviors (To be completed by rater)

The primary source of information: ☐ Patient ☐ Caregiver ☑ Patient and Caregiver in Equal Proportion

Read the following to the patient: I am going to ask you six questions about behaviors that you may or may not experience wherein some are concerning common problems and others uncommon ones. If you have a problem in one of the areas, please choose the best response you have felt most of the time during the duration mentioned above. If you have no problem, tick the NO option below. I am trying to be thorough, so I may ask questions that have nothing to do with you.

☐ No, I am not bothered by any problems.

	0	1	2	3	4
Cognitive Impairment **Examiner's Instructions:** Rate the perceived impact on activities of daily living. Consider all types of altered levels of cognitive function such as impaired reasoning, cognitive slowing, memory loss, and deficits in attention and orientation. **Question to ask the patient (and caregiver):** Have you had problems remembering things, following conversations, paying attention, thinking clearly, or finding your way around the house or in town over the past week? You may elaborate if yes. **0 =** No cognitive impairment. **1 =** Impairment appreciated by patient or caregiver with no concrete interference with the patient's ability to carry out normal activities and social interactions. 2 = Clinically evident cognitive dysfunction, but only minimal interference with the patient's ability to carry out normal activities and social interactions. **3 =** Cognitive deficits interfere with but do not preclude the patient's ability to carry out normal activities and social interactions. **4 =** Cognitive dysfunction precludes the patient's ability to carry out normal activities and social interactions.	☐	☑	☐	☐	☐

Hallucinations and Psychosis **Examiner Instructions**: Rate the patient's insight into hallucinations and identify delusions and psychotic thinking. Consider the following: > Illusions (misinterpretations of real stimuli) and hallucinations (spontaneous false sensations) > Major sensory domains (visual, auditory, tactile, olfactory, and gustatory). Determine presence of the following: > unformed (for example sense of presence or fleeting false impressions) > formed (fully developed and detailed) sensations. **Question to ask the patient (and caregiver):** Have you seen, heard, smelled, or felt things that were not really there over the past week? You may elaborate if yes. **0 =** No hallucinations or psychotic behavior. **1 =** Illusions or non-formed hallucinations, but the patient recognizes them without loss of insight. **2 =** Formed hallucinations independent of environmental stimuli. No loss of insight. **3 =** Formed hallucinations with loss of insight. **4 =** Patient has delusions or paranoia.	☑	☐	☐	☐	☐
Depressed Mood **Examiner Instructions:** Consider: low mood, sadness, hopelessness, feelings of emptiness, or loss of enjoyment. Determine: presence and duration over the past week Rate: interference with the patient's ability to carry out daily routines and engage in social interactions. **Question to ask the patient (and caregiver):** Have you felt low, sad, hopeless, or unable to enjoy things over the past week? If yes, was this feeling for longer than one day at a time? Did it make it difficult for you to carry out your usual activities or to be with people? You may elaborate if yes. **0 =** No depressed mood. **1 =** Episodes of depressed mood that are not	☑	☐	☐	☐	☐

sustained for more than one day at a time. No interference with the patient's ability to carry out normal activities and social interactions. Sustained for days or weeks. **2 =** Depressed mood that is sustained over the day. No interference with normal activities and social interactions **3 =** Depressed mood that interferes with but does not preclude the patient's ability to carry out normal activities and social interactions. **4 =** Depressed mood precludes patient's ability to carry out normal activities and social interactions					
Anxious Mood **Examiner Instructions:** Rate the duration and interference with the patient's ability to carry out daily routines and engage in social interactions. Determine: nervous, tense, worried, or anxious feelings including panic attacks. **Question to ask the patient (and caregiver):** Have you felt nervous, worried, or tense? If yes, was this feeling for longer than one day at a time over the past week? Did it make it difficult for you to follow your usual activities or to be with other people? You may elaborate if yes. **0 =** No anxious feelings. **1 =** Anxious feelings present but not sustained for more than one day at a time. No interference. **2 =** Anxious feelings are sustained over more than one day at a time. No interference. **3 =** Anxious feelings interfere with, but do not preclude, the patient's ability to carry out normal activities and social interactions. **4 =** Anxious feelings preclude patient's ability to carry out normal activities and social interactions.	☐	☑	☐	☐	☐
Apathy **Examiner Instructions:** Consider: the level of spontaneous activity, assertiveness, motivation, and initiative and rate the impact of reduced levels on the performance of daily routines and social interactions. Attempt to distinguish between apathy and similar symptoms of depression.	☐	☑	☐	☐	☐

Question to ask the patient (and caregiver): Have you felt indifferent to doing activities or being with people over the past week? You may elaborate if yes. **0 =** No apathy. **1 =** Apathy appreciated by the patient and/or caregiver. No interference. **2 =** Apathy interferes with isolated activities and social interactions. . **3 =** Apathy interferes with most activities and social interactions. **4 =** Passive and withdrawn, complete loss of initiative.					
Features of Dopamine Dysregulation Syndrome **Examiner Instructions:** Consider the involvement in the following: > atypical or excessive gambling (e.g. casinos or lottery tickets) > atypical or excessive sexual drive or interests (e.g., unusual interest in pornography, masturbation, sexual demands on partner) > repetitive activities (e.g. hobbies, dismantling objects, sorting or organizing) > taking extra non-prescribed medication for non-physical reasons (i.e., addictive behavior) Rate the impact on the patient's personal life, family/social relations. **Question to ask the patient (and caregiver):** Have you had unusually strong urges that are hard to control over the past week? Do you feel driven to do or think about something and find it hard to stop? Please provide examples if yes. **0 =** No problems present. **1 =** Problems are present. Doesn't cause difficulties for patient or family/caregiver. **2 =** Problems are present. Causes a few difficulties for the patient's personal or family. **3 =** Problems are present. Causes a lot of difficulties for the patient or family/caregiver. **4 =** Problems are present and preclude the patient's ability to carry out normal activities or social interactions or to maintain previous standards in personal and family life.	☑	☐	☐	☐	☐

Patient Questionnaire

Note: For Parts IB and II, patients (with their caregiver/s) will answer. The doctor/nurse can only review the questions with the patients (and caregivers).

Who is filling out the questionnaire: ☐ Patient ☐ Caregiver ☑ Patient and Caregiver in Equal Proportion

Instructions: There are 20 questions. We are being thorough so some of the questions may not apply to you now or ever. If you don't have a problem, simply tick the NO option below.

☑ No, I am not bothered by any problems.

If you do, proceed and answer what best describes what you do most of the time. To add, don't worry about separating Parkinson's disease from any other medical conditions you may have.

Part IB: Non-Motor Aspects of Experiences of Daily Living (nM-EDL)

	0	1	2	3	4
Sleep Problems **Questions:** Have you had trouble going to sleep at night or staying asleep through the night over the past week? Do consider how you felt after waking up in the morning. **0 =** No problems. **1 =** Sleep problems are present. However, can still get a full night of sleep. **2 =** Sleep problems cause some difficulties getting a full night of sleep. **3 =** Sleep problems cause a lot of difficulties but can still sleep for more than half the night. **4 =** I don't sleep for most of the night.	☐	☐	☐	☐	☐
Daytime Sleepiness **Question:** Have you had trouble staying awake during the daytime over the past week? **0 =** No daytime sleepiness. **1 =** Daytime sleepiness but can still resist and stay awake. **2 =** I fall asleep when alone and relaxing (e.g. reading, watching TV, etc.) **3 =** I sometimes fall asleep when I shouldn't (e.g. eating, talking with other people) **4 =** If often fall asleep when I shouldn't.	☐	☐	☐	☐	☐
Pain and Other Sensations **Question:** Have you had uncomfortable feelings in your body like tingling, cramps, pain, or aches over the past week?	☐	☐	☐	☐	☐

0 = None. **1 =** I feel these but I can still proceed with daily life and social activities without difficulty. **2 =** These feelings cause some problems with daily life and social activities. **3 =** These feelings cause a lot of problems but they do not stop me from daily life and social activities. **4 =** These feelings stop me from doing daily life or social activities.					
Urinary Problems **Questions:** Have you had problems controlling your urine? Do you have urgent needs to urinate, urinate too often, or have urine accidents? **0 =** No urine problems. **1 =** I need to urinate often or urgently but they don't cause difficulties with daily activities. **2 =** Urine problems cause difficulties with daily activities but we don't have urine accidents. **3 =** Urine problems including urine accidents cause difficulties with my daily activities. **4 =** I use a protective garment or have a bladder tube since I cannot control my urine.	☐	☐	☐	☐	☐
Constipation Problems **Question:** Have you had constipation troubles that cause you difficulty moving your bowels over the past week? **0 =** No constipation problems. **1 =** I have been constipated and make an extra effort to move my bowels. However, it doesn't affect my comfort or activities. **2 =** Constipation affects my comfort and causes me to have trouble with my activities. **3 =** Constipation greatly affects my comfort and causes trouble with my activities but it doesn't stop me from doing anything. **4 =** I need help from someone to empty my bowels.	☐	☐	☐	☐	☐
Light Headedness on Standing **Question:** Have you felt faint, dizzy, or foggy when you stand up after sitting/lying down, over the past week?	☐	☐	☐	☐	☐

0 = No dizzy or foggy feelings felt. **1 =** There were dizzy and foggy feelings that occurred but they don't cause trouble with activities. **2 =** Need assistance because of dizzy or foggy feelings. However, there's no need to sit or lie back down. **3 =** Need to sit or lie down when feeling dizzy or foggy to avoid fainting or falling. **4 =** Dizziness or foggy feelings are the cause of falling or fainting.					
Fatigue **Question:** Have you usually felt fatigued over the past week that's not because you're feeling sleepy or sad? **0 =** No feeling of fatigue. **1 =** Fatigue occurs but doesn't cause trouble. **2 =** Fatigue causes me some troubles. **3 =** Fatigue causes me a lot of trouble. However, it doesn't stop me from doing anything. **4 =** Fatigue interferes with my daily life and social activities.	☐	☐	☐	☐	☐

II. Motor Aspects of Experiences of Daily Living (M-EDL)

	0	1	2	3	4
Speech **Questions:** Have you had problems with your speech over the past week? **0 =** No problems. **1 =** My speech is soft, uneven, or slurred but others don't ask me to repeat myself. **2 =** My speech causes people to ask me to repeat myself sometimes. **3 =** My speech is unclear enough for others to ask me to repeat myself often. **4 =** People cannot understand most or all of my speech.	☐	☐	☐	☐	☐
Saliva and Drooling **Question:** Have you usually had too much	☐	☐	☐	☐	☐

saliva when you are awake or when you sleep? **0 =** No problems. **1 =** Have too much saliva but I don't drool. **2 =** I sometimes drool in my sleep but I don't drool when I'm awake. **3 =** I sometimes drool when I'm awake but don't need tissues/handkerchiefs. **4 =** I drool so much that I need tissues or a handkerchief to protect my clothes.					
Chewing and Swallowing **Questions:** Have you had problems swallowing pills or eating meals over the past week? To avoid choking, did you need your pills cut/ crushed or your meals to be soft/chopped/ blended? **0 =** No problems. **1 =** I don't choke or need to have my food prepared but I am slow in my chewing and have to increase my effort when swallowing. **2 =** I haven't choked over the past week but I needed to have my pills cut or food specially prepared to make easier for me to chew or swallow. **3 =** I choked at least once over the past week. **4 =** I need a feed tube because of chewing and swallowing problems.	☐	☐	☐	☐	☐
Eating Tasks **Questions:** Have you usually had trouble handling your food (e.g. finger food) and using or eating utensils (e.g. forks, knives, spoons, chopsticks) over the past week? **0 =** No problems. **1 =** I am slow but I did not need any help handling my food nor did I spill while eating. **2 =** I am slow and occasionally spill food. I sometimes need help with a few tasks such as cutting meat. **3 =** I can manage some eating tasks but still need help with many of them. **4 =** I need help with most to all of my eating tasks.	☐	☐	☐	☐	☐
Dressing **Questions:** Have you had problems dressing	☐	☐	☐	☐	☐

over the past week (e.g. slow, need help buttoning, using zippers, taking off your clothes)? **0 =** No problems. **1 =** I am slow but I did not need any help with my dressing tasks. **2 =** I am slow and occasionally spill food. I sometimes need help with a few tasks. **3 =** I can manage some dressing tasks but still need help with many of them. **4 =** I need help with most to all of my dressing tasks.					
Hygiene **Question:** Have you been slow or need help with personal hygiene tasks over the past week? (e.g. washing, bathing, shaving, brushing teeth, combing hair) **0 =** No problems. **1 =** I am slow but I did not need any help. **2 =** I sometimes need help with a few hygiene tasks **3 =** I can manage some hygiene tasks but still need help with many of them. **4 =** I need help with most to all of my hygiene tasks.	☐	☐	☐	☐	☐
Handwriting **Question:** Have people usually had trouble reading your handwriting over the past week? **0 =** No problems. **1 =** I write slowly and my handwriting is clumsy or uneven looking but the words are still clear. **2 =** Some words are difficult to read and unclear. **3 =** Many words are difficult to read and unclear. **4 =** Most of my words are unreadable.	☐	☐	☐	☐	☐
Doing Hobbies and Other Activities **Question:** Have you had trouble doing your hobbies or things you like to do over the past week? **0 =** No problems. **1 =** I am slow but can still do these activities easily.	☐	☐	☐	☐	☐

2 = I sometimes have difficulty doing these activities. **3 =** I can do most of the activities but still encounter major problems. **4 =** I am unable to do most or all of these activities.					
Turning in Bed **Question:** Did you usually have trouble turning over in bed over the past week? **0 =** No problems. **1 =** I am slow but I did not need any help. **2 =** I sometimes need help because I have a lot of trouble turning. **3 =** I often need help to turn over. **4 =** I need someone else to help me turn over.	☐	☐	☐	☐	☐
Tremor **Question:** Have you usually had tremors or shaking over the past week? **0 =** None. **1 =** I felt shaking or tremors but they don't cause problems. **2 =** I felt shaking or tremors and they cause problems with a few activities. **3 =** I felt shaking or tremors and faced problems with my daily activities because of them. **4 =** I faced problems with most or all activities because of my shaking or tremors.	☐	☐	☐	☐	☐
Getting Out of Bed, Car, or Deep Chair **Question:** Did you have trouble getting out of bed, car seat, or deep chair over the past week? **0 =** No problems. **1 =** I am slow but I can do it mostly on my first try. **2 =** I sometimes need help or need more than one try to do it. **3 =** I sometimes need help but can still do it on my own most of the time. **4 =** I need someone else most or all of the time.	☐	☐	☐	☐	☐

Walking and Balance **Question:** Have you usually had problems with balance and walking over the past week? **0 =** No problems. **1 =** I am slow/ drag a leg but don't need a walking aid. **2 =** I sometimes use a walking aid but don't need help from someone else. **3 =** I usually use a walking aid to walk without falling but don't often need support from someone else. **4 =** I usually need another person to support me so I can walk safely without falling.	☐	☐	☐	☐	☐
Freezing **Question:** Do you usually stop or freeze when you walk over the past week? **0 =** No problems. **1 =** I can easily start walking again after a brief freeze I didn't need help from someone else or a walking aid. **2 =** I have trouble starting to walk again when I freeze and I didn't need help from someone else or a walking aid. **3 =** I have a lot of trouble starting to walk again after freezing and sometimes need support from someone else or a walking aid afterward. **4 =** I need someone's help or a walking aid most or all of the time because of freezing.	☐	☐	☐	☐	☐

End of Patient Questionnaire

III. Motor Examination

Please tick which matches the patient:

3a. Is the patient on medication for treating Parkinson's disease symptoms? ☐ Yes ☑ No

3b. If you ticked yes, which of the two best describes their clinical state:

☐ ON: The typical functional state wherein the patient is receiving medication and is responding well.

☐ OFF: The typical functional state wherein the patient has a poor response in spite of taking medication.

3c. Is the patient on levodopa? ☐ Yes ☑ No

If yes, when was their last levodopa dose: _____ minutes ago

Notes:

- The examiner should "rate what you see" even though certain medical problems may interfere with the examination. If impossible to test, tick UR or "unable to rate".

- Global Spontaneous Movement and Rest Tremor items are at the end because one must go through the entire examination before gathering clinical information that's pertinent to the score.
- You must indicate if dyskinesia (chorea or dystonia) was present and if they interfered at the time of the examination at the end of the rating.

	0	1	2	3	4	UR
Speech **Instructions:** Listen to the patient's free-flowing speech or engage them in conversation by asking them about their work, hobbies, exercise, etc. Evaluate the following: > volume > modulation (prosody) > clarity **0 =** No problems. **1 =** Still easy to understand even with loss of diction, modulation, or volume. **2 =** A few words are unclear but overall sentences are easy to follow even with loss of diction, modulation, or volume. **3 =** Most sentences can be understood to some extent. **4 =** Most speech is unintelligible or difficult to understand.	☐	☑	☐	☐	☐	☐
Facial Expression **Instructions:** Have the patient sit quietly and observe them for 10 seconds. Then, have the patient talk and observe them for 10 seconds. Observe the following: > eye-blink frequency > spontaneous smiling > parting of the lips > loss of facial expression or masked facies **0 =** Normal facial expressions. **1 =** Minimal masked facies shown by decreased eye-blink frequency. **2 =** Decreased eye-blink frequency, masked facies in the lower face, fewer movements around the mouth (less spontaneous smiling but lips are closed) **3 =** Masked facies and parted lips most of the time while at rest. **4 =** Masked facies and parted lips most of the time while at rest.	☐	☑	☐	☐	☐	☐

Rigidity **Instructions:** Observe the slow passive movement of major joints in a relaxed position and when manipulating the limbs and neck. First, test without an activation maneuver. > Test and rate neck and limbs separately. > Test the wrist and elbow joints simultaneously. > Test the hip and knee joints simultaneously. No rigidity detected? Then use an activation maneuver. You may: > Tapping fingers > Opening/closing of first > Tapping of heel in the limb not being tested. Note: Explain to the patient that they should be as limp as possible while you test. **0 =** No rigidity. **1 =** Rigidity only seen with activation maneuver. **2 =** Full range of motion is easily achieved even with rigidity detected without the activation maneuver. **3 =** Full range of motion is achieved with effort even if rigidity is detected without the activation maneuver. **4 =** Full range of motion is not achieved and rigidity is detected without the activation maneuver.	☐ Neck ☑ RUE ☑ LUE ☑ RLE ☑ LLE	☑ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE
Finger Tapping **Instructions:** Instruct the patient to tap the index finger on the thumb 10 times as big and quickly as possible. Rate the following of each side: > Speed > (Decrementing) Amplitude > Hesitations > Halts Notes: > Each hand is tested separately. > Only demonstrate the task at the beginning. Do not do it during the testing. **0 =** No problems. **1 =** Any of the following happened: hesitation of the tapping movement, broken regular rhythm by one to two interruptions, slight slowing, amplitude decrements by the end of 10 taps **2 =** Any of the following happened: tapping interruptions (3-5), mild slowing, amplitude decrements midway tapping. **3 =** Any of the following happened: more than 5 interruptions at least one freeze, moderate slowing, amplitude decrements after 1st tap. **4 =** Slowing, interruptions, or decrements prevent patients from performing the task.	☐ R ☐ L	☑ R ☑ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L

Hand Movements **Instructions:** Instruct the patient to make a tight fist with the arm bent at the elbow. Make sure that the palm faces you. Make them open their hand 10 times fully and quickly as possible. Rate the following of each side: > Speed > (Decrementing) Amplitude > Hesitations > Halts Notes: > Each hand is tested separately. > Only demonstrate the task at the beginning. Do not do it during the testing. > Remind them to make a tight fist or open their hand fully every time. **0 =** No problems. **1 =** Any of the following happened: hesitation of the movement, broken regular rhythm by one to two interruptions, slight slowing, amplitude decrements by the end. **2 =** Any of the following happened: tapping interruptions (3-5), mild slowing, amplitude decrements midway. **3 =** Any of the following happened: more than 5 interruptions at least one freeze, moderate slowing, and amplitude decrements after 1st sequence. **4 =** Slowing, interruptions, or decrements prevent patients from performing the task.	☐ R ☐ L	☑ R ☑ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L
Pronation Supination Movements of Hands **Instructions:** Instruct the patient to extend their arms out in front of them with their palms facing downwards. Ask them to turn their palms up and down alternately 10 times as quickly and fully as possible. Rate the following of each side: > Speed > (Decrementing) Amplitude > Hesitations > Halts Notes: > Each hand is tested separately. > Only demonstrate the task at the beginning. Do not do it during the testing. **0 =** No problems. **1 =** Any of the following happened: hesitation of the movement, broken regular rhythm by	☐ R ☐ L	☑ R ☑ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L

one to two interruptions, slight slowing, amplitude decrements by the end. **2 =** Any of the following happened: tapping interruptions (3-5), mild slowing, amplitude decrements midway. **3 =** Any of the following happened: more than 5 interruptions at least one freeze, moderate slowing, and amplitude decrements after 1st sequence. **4 =** Slowing, interruptions, or decrements prevent patients from performing the task.						
Toe Tapping **Instructions:** Have them sit in a straight-backed chair with arms and instruct them to place their heel on the ground in a comfortable position. Ask them to tap their toes 10 times as quickly and fast as possible. Rate the following of each side: > Speed > (Decrementing) Amplitude > Hesitations > Halts Notes: > Each foot is tested separately. > Only demonstrate the task at the beginning. Do not do it during the testing. **0 =** No problems. **1 =** Any of the following happened: hesitation of the movement, broken regular rhythm by one to two interruptions, slight slowing, amplitude decrements by the end of the taps. **2 =** Any of the following happened: tapping interruptions (3-5), mild slowing, amplitude decrements midway. **3 =** Any of the following happened: more than 5 interruptions at least one freeze, moderate slowing, and amplitude decrements after 1st tap. **4 =** Slowing, interruptions, or decrements prevent patients from performing the task.	☑ R ☑ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L
Leg Ability **Instructions:** Have them sit in a straight-backed chair with arms and instruct them to place their foot on the ground in a comfortable position. Ask them to raise and stomp their foot on the group 10 times as quickly and high as possible.	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L

Rate the following of each side: > Speed > (Decrementing) Amplitude > Hesitations > Halts Notes: > Each hand is tested separately. > Only demonstrate the task at the beginning. Do not do it during the testing. **0 =** No problems. **1 =** Any of the following happened: hesitation of the movement, broken regular rhythm by one to two interruptions, slight slowing, amplitude decrements by the end. **2 =** Any of the following happened: tapping interruptions (3-5), mild slowing, amplitude decrements midway. **3 =** Any of the following happened: more than 5 interruptions at least one freeze, moderate slowing, amplitude decrements after 1st tap. **4 =** Slowing, interruptions, or decrements prevent patients from performing the task.						
Arising from Chair **Instructions:** Have them sit in a straight-backed chair with arms and instruct them to sit back and place both of their feet on the ground (if possible). Ask them to cross their arms and stand up. If unsuccessful, ask them to repeat the instructions a maximum of two more times. If still unsuccessful, allow them to move forward in the chair and ask them to do it for a maximum of one more time. If still unable, allow them to push off using their hands on the arms of the chair. They may do this a maximum of three times. If they can't do it still, assist them to rise. Note: After they stand, observe their posture. This will be the basis of your score for the Posture section below. **0 =** No problems. **1 =** No need to use the arms of the chair but rising requires the patient to move forward, repeat the task several times, or go slow. **2 =** Pushes self up with the assistance of the arms of the chair easily.	☐	☑	☐	☐	☐	☐

3 = Can get up without help but needs to push off (despite falling) or repeats the task several times to get it right. **4 =** Needs help to arise.						
Gait **Instructions:** Ask the patient to walk at least 10 meters (30 feet) and then turn around and return to the examiner. Measure the following: > stride amplitude and speed > height of foot lift > heel strike during walking and turning > arm swing Note: Assess for “freezing of gait” while the patient is walking to obtain a score for the section after this. Also, observe their posture for the Posture section below. **0 =** No problems. **1 =** Minor gait impairment present but walks independently. **2 =** Has substantial gait impairment but independently walks. **3 =** Requires a walking device but not a person. **4 =** Can only walk with another’s person’s assistance or cannot walk at all.	☐	☑	☐	☐	☐	☐
Freezing of Gait **Instruction:** While assessing the gait, also assess for freezing of gait. Check if there are any hesitations or stuttering movements at the start and when turning and reaching the end of the task. Note: Patients may not use sensory tricks during the test. **0 =** No freezing. **1 =** Freezes at the start, while turning, or walking through the doorway, and halts once during any of the aforementioned moments. Continues smoothly without freezing. **2 =** Freezes at the start, while turning, or walking through the doorway, and halts multiple times during any of the aforementioned moments. Continues smoothly without freezing. **3 =** Freezes once while straight walking. **4 =** Freezes multiple times while straight walking.	☐	☑	☐	☐	☐	☐

Postural Stability **Instruction:** Stand behind the patient and inform them what's about to happen and tell them they may take a step back to avoid falling. When they understand, you will make pulls on the patient's shoulders while they are standing erect with eyes open and feet apart and parallel to each other. The first pull must be a demonstration. It will be milder and the reaction won't be rated. For the second pull, the shoulders must be pulled quickly and forcefully toward the examiner. The pull must be able to displace the patient's center of gravity. They'll have no choice but to take a step backward. Make sure to have space between the two of you so they may take steps but be ready to catch them. Note: > There must be a solid wall behind the examiner, 1 to 2 meters away, to count the number of retropulsive steps taken. > Don't allow them to bend forward to anticipate the pull. > If the patient fails to understand the test, you may repeat the test. Ensure they understand so that the rating will be based on the limitations and not a lack of understanding of instructions. > Observe the patient's standing posture for the Posture section below. **0 =** No problems and can recover after one or two steps. **1 =** Takes 3-5 steps but can recover unaided. **2 =** Takes more than 5 steps but can recover unaided. **3 =** Falls if not caught by the examiner, stands safely but has an absence of postural response **4 =** Very unstable. Loses balance spontaneously after a gentle pull on the shoulders.	☐	☑	☐	☐	☐	☐
Posture **Instructions:** Check the patient's posture after standing erect after rising from a chair, while walking, and while being tested for postural reflexes. Rate the worst posture observed in the situations above. Also, observe for flexion and side-to-side learning. Note: > If you notice poor posture, instruct them to stand up straight and see if the posture improves. **0 =** No problems.	☐	☑	☐	☐	☐	☐

1 = Posture could be normal for an older person but it's not quite erect. **2 =** Patient can correct their posture when asked to do so but there's observed flexion, scoliosis, or leaning to one side. **3 =** Problems such as stooped posture, scoliosis, or learning to one side cannot be corrected when asked. **4 =** Flexion, scoliosis, or extreme abnormal posture.						
Global Spontaneity of Movement (Body Bradykinesia) **Instructions:** Rate after observing all: > spontaneous gestures while sitting > nature of arising and walking Observe the patient's: > slowness > hesitancy > small amplitude > poverty of movement generally > reduction of gesturing and of crossing the legs **0 =** No problems. **1 =** Slight global slowness and there's a poverty of spontaneous movements. **2 =** Mild global slowness and there's a poverty of spontaneous movements. **3 =** Moderate global slowness and there's a poverty of spontaneous movements. **4 =** Severe global slowness and there's a poverty of spontaneous movements.	☐	☑	☐	☐	☐	☐
Postural Tremor of the Hands **Instructions:** Instruct the patient to stretch their arms in front of them with their palms down. The wrist must be straight and the fingers must be comfortably separated from one another. Have them maintain this position for 10 seconds. Note: > Rate each hand separately > Rate the highest amplitude observed. **0 =** No tremor. **1 =** The tremor is less than 1 cm in amplitude. **2 =** The tremor is 1 to 2 cm in amplitude. **3 =** The tremor is 3 to 9 cm in amplitude. **4 =** The tremor is at least 10 cm in amplitude.	☐ R ☐ L	☑ R ☑ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L

Kinetic Tremor of the Hands **Instructions:** Have the patient do at least three finger-to-nose maneuvers with each hand reaching as far as possible to touch the examiner's finger. Ensure that the starting arm is in an outstretched position. Note: > The task must be performed slowly so they can't hide any tremor that could occur with fast movements. > Rate each hand separately. > Rate the highest amplitude observed. **0 =** No tremor. **1 =** The tremor is less than 1 cm in amplitude. **2 =** The tremor is 1 to 2 cm in amplitude. **3 =** The tremor is 3 to 9 cm in amplitude. **4 =** The tremor is at least 10 cm in amplitude.	☐ R ☐ L	☑ R ☑ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L	☐ R ☐ L
Rest Tremor Amplitude **Instructions:** Gather observations on rest tremor you've observed during the whole exam including sitting quietly, walking, and when some body parts are moving but the others are at rest. Note: > Score the maximum amplitude seen at any time. This will be the final score. Don't rate the persistence or intermittency of the tremor. **Instructions (2):** Instruct the patient should sit quietly, their hands placed on the arms of the chair, their feet comfortably on the floor. Observe them for 10 seconds. Note (2): > Four limbs and lip/jaw are assessed separately. > Score the maximum amplitude seen at any time. This will be the final score. Don't rate the persistence or intermittency of the tremor. Extremity ratings: **0 =** No tremor. **1 =** The tremor is less than 1 cm in maximal amplitude. **2 =** The tremor is 1 to 2 cm in maximal amplitude. **3 =** The tremor is 3 to 9 cm in maximal amplitude.	☑ Neck ☑ RUE ☑ LUE ☑ RLE ☑ LLE ☑ Lip/Jaw	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ Lip/Jaw	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ Lip/Jaw	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ Lip/Jaw	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ Lip/Jaw	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ Lip/Jaw

4 = The tremor is at least 10 cm in maximal amplitude. Lip/Jaw ratings: **0 =** No tremor. **1 =** The tremor is less than 1 cm in maximal amplitude. **2 =** The tremor is equal to or more than 1 to but less than 2 cm in maximal amplitude. **3 =** The tremor is equal to or more than 2 but less than 3 cm in maximal amplitude. **4 =** The tremor is equal to or more than 3 cm in maximal amplitude.						
The Constancy of Rest Tremor **Instructions:** Observe the rest tremor during the examination and focus on the constancy of the rest tremor during the examination period. **0 =** No tremor. **1 =** The tremor is less than 1 cm in maximal amplitude. **2 =** The tremor is equal to or more than 1 to but less than 2 cm in maximal amplitude. **3 =** The tremor is equal to or more than 2 but less than 3 cm in maximal amplitude. **4 =** The tremor is equal to or more than 3 cm in maximal amplitude.	☐	☑	☐	☐	☐	☐

Dyskinesia Impact on Part III Ratings

Were dyskinesias (chorea or dystonia) present during examination? ☐ Yes ☑ No

If yes, did they interfere with your ratings? ☐ Yes ☑ No

	0	1	2	3	4	5
Hoehn and Yahr Stage **0 =** Asymptomatic **1 =** Only unilateral involvement. **2 =** No impairment of balance with bilateral involvement. **3 =** Physically independent but has mild to moderate involvement and some postural instability. Needs assistance to recover.	☐	☐	☐	☐	☐	☐

4 = Able to walk or stand unassisted even with severe disability. **5 =** Wheelchair bound or bedridden unless aided.						

IV. Motor Complications

Instructions: Use historical and objective information to assess the following: motor complications, dyskinesias, and motor fluctuations that include OFF-state dystonia.

The primary source of information: ☐ Patient ☐ Caregiver ☑ Patient and Caregiver in Equal Proportion

Notes:

- The examiner should “rate what you see” even though certain medical problems may interfere with the examination. If impossible to test, tick UR or “unable to rate”.
- For those that will base on percentages, you must establish the patient’s number of waking hours and use it as the denominator for “OFF” time and dyskinesias.
- For “OFF dystonia”, the total “OFF” time will be the denominator.

Terms and assistance:

- **Dyskinesias:** Involuntary random movements.
  > Stress to the patient the difference between dyskinesias and tremors. Patients can often recognize the words “irregular jerking”, “wiggling”, and “twitching” for dyskinesias.
- **Dystonia:** Contorted posture with a twisting component.
  > Patients can often recognize the words “spasms”, “cramps”, and “posture” for dystonia.
- **Motor fluctuation:** Variable response to medication.
  > Patients can often recognize the words “wearing out”, “wearing off”, “roller-coaster effect”, “on-off”, and “uneven medication effects” for motor fluctuation.
- **OFF:** The typical functional state wherein the patient has a poor response in spite of taking medication or response when patients are on NO treatment for parkinsonism.
  > Patients can often recognize the words “low time”, “bad time”, “shaking time”, “slow time”, and “time when my medications don’t work” for OFF.
- **ON:** The typical functional state wherein the patient is receiving medication and is responding well.
  > Patients can often recognize the words “good time”, “walking time”, and “time when my medications work” for ON.

A. Dyskinesias (exclusive of OFF-state dystonia)

	0	1	2	3	4	UR
Time Spent with Dyskinesias **Examiner’s Instructions:** Calculate percentage with the determined hours in the usual waking day and hours of dyskinesias. Note: > You may point out a patient’s dyskinesias if they have them in the office. > You may also use your acting skills to demonstrate observed dyskinetic movements. **Instructions to the patient (and caregiver):** How many hours do you usually sleep on a daily basis including nighttime sleep and daytime	☑	☐	☐	☐	☐	☐

napping? How many hours are you awake if you sleep for _____ hours? During your awake hours, how many hours in total do you have wiggling, twitching, or jerking? Note: Don't count the times when you have tremors. **0 =** No dyskinesias. **1 =** Less than or equal to 25% of one's waking day. **2 =** 26% to 50% of one's waking day. **3 =** 51% to 75% of one's waking day. **4 =** More than 75% of one's waking day. 1. Total Hours Awake: _____ 2. Total Hours with Dyskinesia: _____ 3. % Dyskinesia = ((2/1)*100): _____						
Functional Impact of Dyskinesias **Examiner's Instructions:** Use the patient's and caregiver's response to your question and your own observations during the office visit to arrive at the best answer. **Instructions to the patient (and caregiver):** Did you usually have trouble doing things or being with people when these jerking movements occurred over the past week? Did you stop yourself from doing things or from being with people? **0 =** No dyskinesias or dyskinesias have no impact on activities or social interactions. **1 =** Dyskinesias have an impact on a few activities but they can still perform and participate. **2 =** Dyskinesias have an impact on many activities but they can still perform and participate. **3 =** Dyskinesias have an impact on activities that affect the patient's activities/participation. **4 =** Dyskinesias greatly impact the function to the point that the patient doesn't perform or participate in activities or perform in social interactions.	☑	☐	☐	☐	☐	☐

B. Motor Fluctuations

	0	1	2	3	4	UR
Time Spent in the OFF state	☑	☐	☐	☐	☐	☐

Examiner's Instructions: Use the number of waking hours derived from the **Time Spent with Dyskinesias** and determine the hours spent in the "OFF" state. Calculate the percentage. If the patient has an OFF period in the office, you can point to this state as a reference. You may also use your knowledge of the patient to describe a typical OFF period. Additionally, you may use your own acting skills to enact an OFF period you have seen in the patient before or show them OFF function typical of other patients. Mark down the typical number of OFF hours, because you will need this number for completing the **Painful Off-State Dystonia** section. Note: > You may point out a patient's dyskinesias if they have them in the office. > You may also use your acting skills to demonstrate observed dyskinetic movements. **Instructions to the patient (and caregiver):** How many hours do you usually sleep on a daily basis including nighttime sleep and daytime napping? How many hours are you awake if you sleep for_____ hours? During your awake hours, how many hours in total do you have wiggling, twitching, or jerking? Note: Don't count the times when you have tremors. **0 =** No dyskinesias. **1 =** Less than or equal to 25% of one's waking day. **2 =** 26% to 50% of one's waking day. **3 =** 51% to 75% of one's waking day. **4 =** More than 75% of one's waking day. 4. Total Hours Awake: _____ 5. Total Hours with Dyskinesia: _____ 6. % Dyskinesia = ((2/1)*100): _____						
Functional Impact of Dyskinesias **Examiner's Instructions:** Use the patient's and caregiver's response to your question and your own observations during the office visit to arrive at the best answer. **Instructions to the patient (and caregiver):** Did you usually have trouble doing things or being with people when these jerking movements occurred over the past week? Did you stop yourself from doing things or from	☑	☐	☐	☐	☐	☐

being with people? **0 =** No dyskinesias or dyskinesias have no impact on activities or social interactions. **1 =** Dyskinesias have an impact on a few activities but they can still perform and participate. **2 =** Dyskinesias have an impact on many activities but they can still perform and participate. **3 =** Dyskinesias have an impact on activities that affect the patient's activities/participation. **4 =** Dyskinesias greatly impact the function to the point that the patient doesn't perform or participate in activities or perform in social interactions. **Instructions to the patient (and caregiver):** You told me before that you are generally awake _____ hrs each day. Out of these awake hours, how many hours in total do you usually have this type of low-level or OFF function over the past week? _____ (use this number for your calculations). **0 =** No OFF time. **1 =** Less than or equal to 25% of one's waking day. **2 =** 26% to 50% of one's waking day. **3 =** 51% to 75% of one's waking day. **4 =** More than 75% of one's waking day. Total Hours Awake: _____ Total Hours OFF: _____ % OFF = ((2/1)*100): _____						
Functional Impact of Fluctuations **Examiner's Instructions:** Rate your patient 0 if they have no OFF time or if they have very mild fluctuations. **Instructions to the patient (and caregiver):** Think about when those low or "OFF" periods have occurred over the past week. Do you usually have more problems doing things or being with people than compared to the rest of the day when you're in your "ON" state? Are there some things you usually do during a good period that you have trouble with or stop doing during a low period? **0 =** No fluctuations or no impact on activities or social interactions.	☐	☑	☐	☐	☐	☐

1 = Fluctuations impact a few activities. During OFF, the patient can still perform all activities and participates in all social interactions that typically occur during the ON state. **2 =** Fluctuations impact many activities. During OFF, the patient can still usually perform all activities and participates in all social interactions that typically occur during the ON state. **3 =** Fluctuations impact the performance of activities and interactions to the point that during OFF they usually don't perform or participate. **4 =** Fluctuations impact the performance of activities and interactions to the point that during OFF they usually no longer perform or participate.						
Complexity of Motor Fluctuations **Examiner's Instructions:** Ask if the patient can count the OFF function them always coming at a special time, mostly coming at a special time (in which case you will probe further to separate slight from mild), only sometimes coming at a special time, or are they totally unpredictable? **Instructions to the patient (and caregiver):** Do you usually know when your low periods will occur over the past week? In other words, do your low periods always come at a certain time? Do they mostly come at a certain time? Do they only sometimes come at a certain time? Are your low periods totally unpredictable? **0 =** No motor fluctuations. **1 =** Predictable all or almost all of the time. More than 75%. **2 =** Predictable most of the time. Around 51% to 75%. **3 =** Predictable some of the time. Around 26% to 50%. **4 =** Rarely predictable. Less than or equal to	☐	☑	☐	☐	☐	☐

C. "OFF" Dystonia

	0	1	2	3	4	UR
Painful OFF-state Dystonia **Examiner's Instructions:** Determine what proportion of the OFF episodes usually includes painful dystonia. If there is no OFF time, mark 0. **Instructions to patient (and caregiver):** During	☑	☐	☐	☐	☐	☐

your low or “OFF” periods, do you usually have painful cramps or spasms? Out of the total _____ hrs of this low time, if you add up all the time in a day when these painful cramps come, how many hours would this make? **0 =** No dystonia or no OFF time. **1 =** Less than 25% of the time in the OFF state. **2 =** Around 26% to 50% of the time in the OFF state. **3 =** Around 51% to 75% of the time in the OFF state. **4 =** More than 75% of the time in the OFF state. 1. Total Hours OFF: _____ 2. Total OFF Hours with Dystonia: _____ 3. % OFF Dystonia = ((2/1)*100): _____						

Summary Statement to Patient (Please read to the patient):

This completes my rating of your Parkinson’s disease. I know the questions and tasks have taken several minutes, but I wanted to be complete and cover all possibilities. Thank you for your time and attention in completing this scale with me.

Score Sheet

Part I

Total: 3

Source of Information (Patient, Caregiver, Patient + Caregiver)	Patient + Caregiver

	Score
Cognitive Impairment	1
Hallucinations and Psychosis	0
Depressed Mood	0
Anxious Mood	1
Apathy	1
Features of DDS	0

Who is filling out the questionnaire? (Patient, Caregiver, Patient + Caregiver)	Patient + Caregiver

	Score
Sleep Problems	0
Daytime Sleepiness	0

Pain and Other Sensations	0
Urinary Problems	0
Constipation Problems	0
Light Headedness on Standing	0
Fatigue	0

Part II

Total: 0

	Score
Speech	0
Saliva and Drooling	0
Chewing and Swallowing	0
Eating Tasks	0
Dressing	0
Hygiene	0
Handwriting	0
Doing Hobbies and Other Activities	0
Turning in Bed	0
Tremor	0
Getting Out of Bed	0
Walking and Balance	0
Freezing	0

Part III

Total: 21

Is the patient on medication?	☐ Yes ☑ No
Patient's clinical state	☐ On ☐ Off
Is the patient on levodopa?	☐ Yes ☑ No
If yes, how many minutes since the last dose?	-

	Score
Speech	1
Facial Expression	1
Rigidity - Neck	1
Rigidity - RUE	0
Rigidity - LUE	0
Rigidity - RLE	0
Rigidity - LLE	0
Finger tapping - Right Hand	1
Finger tapping - Left Hand	1
Hand movement - Right Hand	1
Hand movement - Left Hand	1
Pronation-supination movements - Right hand	1
Pronation-supination movements - Left hand	1
Toe tapping - Right foot	0
Toe tapping - Left foot	0
Leg agility - Right leg	1
Leg agility - Left leg	1
Arising from chair	1
Gait	1
Freezing of gait	1
Postural stability	1
Posture	1
Global spontaneity of movement	1
Postural tremor - Right hand	1
Postural tremor - Left hand	1
Kinetic tremor - Right hand	1
Kinetic tremor - Left hand	1
Rest tremor amplitude - RUE	0

Rest tremor amplitude - LUE	0
Rest tremor amplitude - RLE	0
Rest tremor amplitude - LLE	0
Rest tremor amplitude - Lip/jaw	0
Constancy of rest tremor	0

Were dyskinesias present?	☐ Yes ☑ No
Did these movements interfere with ratings?	☐ Yes ☑ No
Hoehn and Yahr Stage	1

Part IV

Total: 2

	Score
Time spent with dyskinesias	0
Functional impact of dyskinesias	0
Time spent in the OFF state	0
Functional impact of fluctuations	1
Complexity of motor fluctuations	1
Painful OFF - state dystonia	0