

PARKINSON'S & MOVEMENT DISORDER CENTER OF MD

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Movement Questionnaire

Name: _____

Date: ____/____/____

1. Is there any intellectual impairment?

- 0 – none
- 1 – Mild. Consistent forgetfulness with partial recollection of events and no other difficulties.
- 2 – Moderate memory loss with disorientation and moderate difficulty handling complex problems. Mild but definite impairment at home with occasional need for prompting by caregiver.
- 3 – Severe memory loss with disorientation for time and often to place. Severe impairment in handling problems.
- 4 – Severe memory loss with orientation preserved to person only. Unable to make judgments or solve problems. Requires much help in personal care. Cannot be left alone at all.

2. Is there any "thought disorder"?

- 0 – none
- 1 – Vivid dreaming where the patient has difficulty distinguishing dreaming from reality.
- 2 – "Benign" hallucinations with insight retained
- 3 – Occasional to frequent hallucinations or delusions without insight. It could interfere with daily activities.
- 4 – Persistent hallucinations, delusions or florid psychosis. Not able to care for self.

3. Is there any depression?

- 0 – none
- 1 – Periods of sadness or guilt greater than normal; never sustained for days/weeks
- 2 – Sustained depression (1 week or more). No significant problems with sleep, appetite, or loss of interest
- 3 – Sustained depression with problems with sleep, appetite or loss of interest.
- 4 – Sustained depression with problems with sleep, appetite, or loss of interest as well as suicidal thoughts.

4. Motivation/Initiative

- 0 – normal
- 1 – Less assertive than usual; more passive
- 2 – Loss of initiative or disinterest in elective (non-routine) activities
- 3 – Loss of initiative or disinterest in day to day (routine) activities
- 4 – Withdrawn; complete loss of motivation

5. Is there impairment of speech?

- 0 – none
- 1 – Mildly affected; no difficulty being understood
- 2 – Moderately affected; sometimes asked to repeat statements
- 3 – Severely affected; frequently asked to repeat statements
- 4 – Unintelligible most of the time

6. Is there excessive salivation?

- 0 – No excess salivation
- 1 – Slight but definite excess saliva in mouth; may have nighttime drooling
- 2 – Moderately excessive saliva; may have minimal drooling during the day
- 3 – Marked excess of saliva with some drooling
- 4 – Marked drooling; requires constant tissue or handkerchief

7. Are there problems with swallowing?

- 0 – Normal swallowing
- 1 – Rare choking. Coughs when eating
- 2 – Occasional choking
- 3 – Requires soft food
- 4 – Requires feeding tube

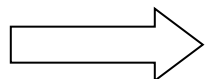
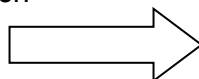
8. Handwriting

- 0 – Normal
- 1 – Slightly slow or small
- 2 – Moderately slow or small; all words legible
- 3 – Severely affected; not all words legible
- 4 – The majority of words are not legible

9. Cutting food and handling utensils

- 0 – Normal
- 1 – Somewhat slow and clumsy but no help needed
- 2 – Can cut most foods, although clumsy and slow; some help needed
- 3 – Food must be cut by someone; can still feed self slowly
- 4 – Needs to be fed

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10. Dressing

- 0 – Normal
- 1 – Somewhat slow but no help needed
- 2 – Occasional assistance with buttoning or getting arms in sleeves needed.
- 3 – Considerable help required but can do some things alone
- 4 – Requires total assistance with dressing

11. Hygiene

- 0 – Normal
- 1 – Somewhat slow but no help needed
- 2 – Needs help showering/bathing or very slow in hygienic care
- 3 – Requires assistance for washing, brushing teeth, combing hair and going to bathroom
- 4 – Uses catheter or other mechanical aids

12. Turning in bed and adjusting bed clothes

- 0 – Normal
- 1 – Somewhat slow and clumsy but no help needed
- 2 – Can turn alone or adjust sheets, but with great difficulty
- 3 – Can initiate but not turn or adjust sheets alone
- 4 – Needs total assistance

13. Falling (unrelated to phenomenon of "freezing" in which feet cannot be lifted off floor)

- 0 – None
- 1 – Rare falling
- 2 – Occasionally falls, less than once per day
- 3 – Falls an average of once daily
- 4 – Falls more than once daily

14. Freezing when walking

- 0 – None
- 1 – Rare freezing when walking; may hesitate when starting to walk
- 2 – Occasional freezing when walking
- 3 – Frequent freezing when walking. Occasionally falls because of freezing
- 4 – Frequent falls from freezing

15. Walking

- 0 Normal
- 1 – Mild difficulty. May not swing arms or may tend to drag leg
- 2 – Moderate difficulty but requires little or no assistance
- 3 – Severe disturbance of walking requiring assistance
- 4 – Cannot walk at all even with assistance

16. Tremor

- 0 – Absent
- 1 – Slight and infrequently present
- 2 – Moderate and bothersome
- 3 – Severe; interferes with many activities
- 4 – Marked; interferes with most activities

17. Sensory complaints related to Parkinson's Disease (Not related to other disorders)

- 0 – None
- 1 – Occasionally has numbness, tingling or mild aching
- 2 – Frequently has numbness, tingling or aching; not distressing
- 3 – Frequent painful sensation
- 4 – Excruciating pain

Are there times when dyskinesias are present?
 No Yes

Are there times when the Parkinson's medications don't work?
 No Yes

Is there loss of appetite, nausea or vomiting?
 No Yes

Are there sleep disturbances?
 No Yes

Are there feelings of lightheadedness when standing?
 No Yes

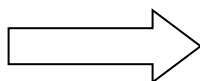
Daytime Sleepiness Questions

Please rate your chances of falling asleep or dozing in the following situations:

Situation	Never	Slight	Moderate	High
Sitting and reading				
Watching television				
Sitting inactive in a public place (movie or meeting)				
As a passenger in a car for an hour (without a break)				
Lying down to rest in the afternoon				
Sitting and talking to someone				
Sitting quietly after lunch				
Driving a car stopped in traffic				

Assistive Devices:

- None
- Walker without wheels
- Wheelchair
- Straight cane
- Walker with wheels
- Commode
- Quad cane
- Rollator walker



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