Patient name _____ Date of birth _____ Today's date _____

MOVEMENT QUESTIONNAIRE

Instructions. Check the **ONE NUMBER** in each section below that most closely describes your problem.

1. Do you have any intellectual impairment?

- ❒ 0 None.
- ❒ 1 Mild. Consistent forgetfulness with partial recollection of event 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 to 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. Require much help with personal care. Cannot be left alone at all.

2. Do you have a thought disorder?

- ❒ 0 None.
- ❒ 1 Vivid dreaming.
- ❒ 2 "Benign" hallucinations with insight retained.
- ❒ 3 Occasional-to-frequent hallucinations or delusions, without insight; could interfere with daily activities.
- ❒ 4 Persistent hallucinations, delusions, or florid psychosis. Not able to care for self.

3. Are you depressed?

- ❒ 0 None.
- ❒ 1 Periods of sadness or guilt greater than normal, never sustained for days or weeks.
- ❒ 2 Sustained depression (1 week or more).
- ❒ 3 Sustained depression with vegetative symptoms (insomnia, anorexia, weight loss, loss of interest).
- ❒ 4 Sustained depression with vegetative symptoms and suicidal thoughts or intent.

4. What is your motivation/initiative level?

- ❒ 0 Normal.
- ❒ 1 Less assertive than usual; more passive.
- ❒ 2 Loss of initiative; disinterested in elective (non-routine) activities.
- ❒ 3 Loss of initiative; disinterested in daily (routine) activities.
- ❒ 4 Withdrawn; complete loss of motivation.

5. Do you have a speech impairment?

- ❒ 0 Normal.
- ❒ 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. Do you have excessive salivation?

- ❒ 0 Normal.
- ❒ 1 Slight but definite excess of saliva in mouth; may have nighttime drooling.
- ❒ 2 Moderately excessive saliva; may have minimal drooling.
- ❒ 3 Marked excess of saliva with some drooling.
- ❒ 4 Marked drooling; requires constant tissue or handkerchief.

7. Do you have problems with swallowing?

- ❒ 0 Normal.
- ❒ 1 Rare choking.
- ❒ 2 Occasional choking.
- ❒ 3 Require soft food.
- ❒ 4 Require tube feeding.

8. How are your handwriting abilities?

- ❒ 0 Normal.
- ❒ 1 Slightly slow or small.
- ❒ 2 Moderately slower, with small letters; all words are legible.
- ❒ 3 Severely affected; not all words are legible.
- ❒ 4 Most words are not legible.

9. How well do you cut foods and handle utensils?

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

10. How well do you do at dressing yourself?

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

PLEASE CONTINUE ON NEXT PAGE

Patient name _____ Date of birth _____ Today's date _____

11. How well do you handle your personal hygiene needs?

- ❒ 0. Normal.
- ❒ 1. Somewhat slow, but no help is needed.
- ❒ 2. Need help to shower or bathe; or very slow with hygienic care.
- ❒ 3. Require assistance for washing, brushing teeth, combing hair, going to the bathroom.
- ❒ 4. Need Foley catheter or other mechanical aids.

12. How well do you turn in bed and adjust bed clothes?

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

13. How often do you fall (unrelated to "freezing," in which feet cannot be lifted off of the floor)?

- ❒ 0 None.
- ❒ 1 Rare falling.
- ❒ 2 Occasional falls, less than once per year.
- ❒ 3 Fall an average of once daily.
- ❒ 4 Fall more than once daily.

14. Do your feet "freeze" when you walk?

- ❒ 0 None.
- ❒ 1 Rare freezing when walking; may have start hesitation.
- ❒ 2 Occasional freezing when walking.
- ❒ 3 Frequent freezing; occasional falls from freezing.
- ❒ 4 Frequent falls from freezing.

15. What is your walking ability?

- ❒ 0 Normal.
- ❒ 1 Mild difficulty. May not swing arms; may tend to drag leg.
- ❒ 2 Moderate difficulty but require little or no assistance.
- ❒ 3 Severe disturbance in walking; require assistance.
- ❒ 4 Cannot walk at all, even with assistance.

16. What is the level of your tremor?

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

17. Do you have sensory complaints related to Parkinson disease (not related to other disorders)?

- ❒ 0 None.
- ❒ 1 Occasionally have numbness, tingling, or mild aching
- ❒ 2 Frequently have numbness, tingling, or aching; not distressing.
- ❒ 3 Have frequent painful sensations.
- ❒ 4 Have excruciating pain.

1.	Are there times when dyskinesia (extra "squirmy" motions) is present?	❒ Yes	❒ No
2.	Are there times when the Parkinson medications do not work?	❒ Yes	❒ No
3.	Do you have nausea, vomiting, or loss of appetite?	❒ Yes	❒ No
4.	Do you have sleep disturbances?	❒ Yes	❒ No
5.	Do you have feelings of lightheadedness when you stand?	❒ Yes	❒ No

Assistive Devices (*check next to the device(s) that you use*)

❒ None ❒ Straight cane ❒ Quad cane

❒ Walker without wheels ❒ Walker with wheels ❒ Rollator walker ❒ Wheelchair

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