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For each of these 13 questions, check the **one statement**, which best describes the difficulties you've been having because of your Parkinson's disease **over the past six months**. These questions refer to the part of the day when your medicine is providing you with maximum benefit.

1. Have you noticed that your speech has changed? Do you have problems speaking?
  - (0) **No.** My speech is normal.
  - (1) **Yes.** My speech is mildly affected, but I have no difficulty being understood.
  - (2) **Yes.** My speech is moderately affected and I am sometimes asked to repeat myself.
  - (3) **Yes.** My speech is severely affected and I am sometimes asked to repeat myself.
  - (4) **Yes.** My speech is so severely affected that it is very hard for people to understand me.
  
2. Have you noticed that you have too much saliva?
  - (0) **No.** I do not have too much saliva and I never drool.
  - (1) **Yes.** I have a slight excess of saliva. Sometimes I drool onto my pillow at night.
  - (2) **Yes.** I have a moderate excess of saliva and I occasionally drool during the daytime.
  - (3) **Yes.** I have a marked excess of saliva and I often drool during the daytime.
  - (4) **Yes.** I have so much drooling that I often carry a tissue or handkerchief.
  
3. Do you have problems swallowing or do you choke on your food?
  - (0) **No.** I do not have a problem with swallowing, and I do not choke.
  - (1) **Yes.** I have problems with swallowing, but I rarely choke.
  - (2) **Yes.** I have problems with swallowing and I occasionally choke.
  - (3) **Yes.** I have problems with swallowing requiring me to eat soft food.
  - (4) **Yes.** I am unable to swallow and must use a nasogastric or gastrostomy tube.
  
4. Have you noticed a change in your handwriting? Do you have difficulty writing?
  - (0) **No.** My handwriting is normal.
  - (1) **Yes.** My handwriting is slightly slow or small.
  - (2) **Yes.** My handwriting is moderately slow or small, but all of the words are readable.
  - (3) **Yes.** My handwriting is severely affected. Not all of the words are readable.
  - (4) **Yes.** My handwriting is severely affected. Most of the words are **not** readable.

5. Do you have slowness or difficulty using utensils or cutting your food?

- (0) **No.** I do not have slowness or difficulty using utensils or cutting my food.
- (1) **Yes.** I am a little slow or clumsy, but I am able to feed myself without help.
- (2) **Yes.** I am slow and clumsy. I need help cutting some types of food.
- (3) **Yes.** My food must be cut by someone, but I am still able to feed myself.
- (4) **Yes.** I am unable to feed myself. Someone else feeds me.

6. Do you have some difficulties with dressing?

- (0) **No.** I do not have slowness or difficulty with dressing.
- (1) **Yes.** I am a little slow, but I don't need help.
- (2) **Yes.** I am slow and I sometimes need help buttoning buttons, tying shoe laces, or getting my arm into a sleeve.
- (3) **Yes.** I need a lot of help getting dressed, but I can still do some things alone.
- (4) **Yes.** I am unable to get dressed without assistance.

7. Have you slowed down or are you experiencing problems with hygiene (bathing, brushing your teeth, combing your hair, going to the bathroom)?

- (0) **No.** I am not slow with these activities.
- (1) **Yes.** I am a little slow with my hygiene, but I do not need help.
- (2) **Yes.** I am slow with my hygiene and I need help to shower and bathe.
- (3) **Yes.** I need help with washing, brushing my teeth, combing my hair, and going to the bathroom.
- (4) **Yes.** I need help with all of my hygiene and I have a Foley catheter.

8. Do you have difficulty turning in bed or adjusting the sheets?

- (0) **No.** I do not have difficulty turning in bed or adjusting sheets.
- (1) **Yes.** I am a little clumsy and slow with turning in bed and adjusting the sheets, but I do not need help.
- (2) **Yes.** I am only able to turn or adjust the sheets with great difficulty.
- (3) **Yes.** I am able to start turning, but am unable to do it without help.
- (4) **Yes.** I am unable to turn in bed or adjust the sheets without help.

9. Do you have problems with falling?

- (0) **No.** I do not fall.
- (1) **Yes.** I rarely fall.
- (2) **Yes.** I occasionally fall, but less than once per day.
- (3) **Yes.** I fall an average of one time per day.
- (4) **Yes.** I fall an average of more than one time per day.

10. Do you have freezing while you are walking? (“Freezing” occurs when you are unable to walk for a few seconds because your feet seem to be stuck to the ground.)

- (0) **No.** I do not have “freezing.”
- (1) **Yes.** I have “freezing” when I walk, but this happens rarely; Or sometimes, when I first start to walk, I have “freezing.”
- (2) **Yes.** I occasionally have “freezing” when I walk.
- (3) **Yes.** I frequently have “freezing” when I walk. I occasionally fall because of the “freezing.”
- (4) **Yes.** I frequently have “freezing” when I walk. I frequently fall because of the “freezing.”

11. Has your walking changed? It is difficult to walk?

- (0) **No.** My walking and my arm swing have not changed.
- (1) **Yes.** I don’t swing my arm or I tend to drag my leg.
- (2) **Yes.** I have a moderate amount of difficulty with walking, but usually don’t need assistance.
- (3) **Yes.** I have severe problems with walking and usually need assistance.
- (4) **Yes.** I can’t walk at all, even when someone tries to help me.

12. Do you have a visible tremor anywhere in your body?

- (0) **No.** I do not have a visible tremor.
- (1) **Yes.** I have a slight visible tremor that is infrequently present.
- (2) **Yes.** I have a moderate amount of tremor. The tremor bothers me.
- (3) **Yes.** I have a severe tremor and it interferes with many activities.
- (4) **Yes.** I have a severe tremor that interferes with most activities.

13. Do you have numbness, tingling, discomfort, or aching, which you attribute to your Parkinson’s disease?

- (0) **No.** I do not have numbness, tingling, or aching, which I attribute to my Parkinson’s disease.
- (1) **Yes.** I have occasional numbness, tingling, or aching, which I attribute to my Parkinson’s disease.
- (2) **Yes.** I frequently have numbness, tingling, or aching, which I attribute to my Parkinson’s disease.
- (3) **Yes.** I have frequent painful sensations, which I attribute to my Parkinson’s disease.
- (4) **Yes.** I have excruciating pain, which I attribute to my Parkinson’s disease.