# ICICLE-PD Study

Participant reference number:

## MDS-UPDRS

The Movement Disorder Society (MDS)-sponsored new version of the UDPRS is founded on the critique that was formulated by the Task Force for Rating Scales in Parkinson's disease (*Mov Disord* 2003;18:738-750). Thereafter, the MDS recruited a Chairperson to organize a program to provide the Movement Disorder community with a new version of the UDPRS that would maintain the overall format of the original UPDRS, but address issues identified in the critique as weaknesses and ambiguities. The Chairperson identified subcommittees with chairs and members. Each part was written by the appropriate subcommittee members and then reviewed and ratified by the entire group. These members are listed below.

The MDS UPDRS has four parts: Part I (non-motor experiences of daily living), Part II (motor experiences of daily living, Part III (motor examination) and Part IV (motor complications). Part I has two components: IA concerning a number of behaviors that are assessed by the investigator with all pertinent information from patients and caregivers and IB that is completed by the patient with or without the aid of the caregiver, but independently of the investigator. It can, however, be reviewed by the rater to ensure that all questions are answered clearly and the rater can help explain any perceived ambiguities. Part II is designed to be a self-administered questionnaire like Part IB, but can be reviewed by the investigator to ensure completeness and clarity. Of note, the official versions of Part1A, Part1B and Part2 of the MDS-UPDRS do not have separate on or off ratings. However, for individual programs or protocols the same questions can be used separately for on and off. Part III has instructions for the rater to give or demonstrate to the patient; it is completed by the rater. Part IV has instructions for the rater and also instructions to be read to the patient. This part integrates patient-derived information with the rater's clinical observations and judgments and is completed by the rater.

The authors of this new version are:

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## Part II: Motor Aspects of Experiences of Daily Living (M-EDL)

### 2.1 SPEECH

Over the past week, have you had problems with your speech?

| | | |
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| 0: Normal: | Not at all (no problems). | |
| 1: Slight: | My speech is soft, slurred or uneven, but it does not cause others to ask me to repeat myself. | |
| 2: Mild: | My speech causes people to ask me to occasionally repeat myself, but not everyday. | ☐ |
| 3: Moderate: | My speech is unclear enough that others ask me to repeat myself every day even though most of my speech is understood. | |
| 4: Severe: | Most or all of my speech cannot be understood. | |

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| **2.2 SALIVA & DROOLING**<br><br>Over the past week, have you usually had too much saliva during when you are awake or when you sleep?<br><br>0: Normal: Not at all (no problems).<br><br>1: Slight: I have too much saliva, but do not drool.<br><br>2: Mild: I have some drooling during sleep, but none when I am awake.<br><br>3: Moderate: I have some drooling when I am awake, but I usually do not need tissues or a handkerchief.<br><br>4: Severe: I have so much drooling that I regularly need to use tissues or a handkerchief to protect my clothes. | ☐ |
| **2.3 CHEWING AND SWALLOWING**<br><br>Over the past week, have you usually had problems swallowing pills or eating meals? Do you need your pills cut or crushed or your meals to be made soft, chopped or blended to avoid choking?<br><br>0: Normal: No problems.<br><br>1: Slight: I am aware of slowness in my chewing or increased effort at swallowing, but I do not choke or need to have my food specially prepared.<br><br>2: Mild: I need to have my pills cut or my food specially prepared because of chewing or swallowing problems, but I have not choked over the past week.<br><br>3: Moderate. I choked at least once in the past week.<br><br>4: Severe: Because of chewing and swallowing problems, I need a feeding tube. | ☐ |

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| **2.4 EATING TASKS**<br><br>Over the past week, have you usually had troubles handling your food and using eating utensils? For example, do you have trouble handling finger foods or using forks, knifes, spoons, chopsticks?<br><br>0: Normal: Not at all (No problems).<br><br>1: Slight: I am slow, but I do not need any help handling my food and have not had food spills while eating.<br><br>2: Mild: I am slow with my eating and have occasional food spills. I may need help with a few tasks such as cutting meat.<br><br>3: Moderate: I need help with many eating tasks but can manage some alone.<br><br>4: Severe: I need help for most or all eating tasks. | ☐ |
| **2.5 DRESSING**<br><br>Over the past week, have you usually had problems dressing? For example, are you slow or do you need help with buttoning, using zippers, putting on or taking off your clothes or jewelry?<br><br>0: Normal: Not at all (no problems).<br><br>1: Slight: I am slow but I do not need help.<br><br>2: Mild: I am slow and need help for a few dressing tasks (buttons, bracelets).<br><br>3: Moderate: I need help for many dressing tasks.<br><br>4: Severe: I need help for most or all dressing tasks. | ☐ |

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| **2.6 HYGIENE**<br><br>Over the past week, have you usually been slow or do you need help with washing, bathing, shaving, brushing teeth, combing your hair or with other personal hygiene?<br><br>0: Normal: Not at all (no problems).<br>1: Slight: I am slow but I do not need any help.<br>2: Mild: I need someone else to help me with some hygiene tasks.<br>3: Moderate: I need help for many hygiene tasks.<br>4: Severe: I need help for most or all of my hygiene tasks. | ☐ |
| **2.7 HANDWRITING**<br><br>Over the past week, have people usually had trouble reading your handwriting?<br><br>0: Normal: Not at all (no problems).<br>1: Slight: My writing is slow, clumsy or uneven, but all words are clear.<br>2: Mild: Some words are unclear and difficult to read.<br>3: Moderate: Many words are unclear and difficult to read.<br>4: Severe: Most or all words cannot be read. | ☐ |
| **2.8 DOING HOBBIES AND OTHER ACTIVITIES**<br><br>Over the past week, have you usually had trouble doing your hobbies or other things that you like to do?<br><br>0: Normal: Not at all (no problems).<br>1: Slight: I am a bit slow but do these activities easily.<br>2: Mild: I have some difficulty doing these activities.<br>3: Moderate: I have major problems doing these activities, but still do most.<br>4: Severe: I am unable to do most or all of these activities. | ☐ |

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| **2.9 TURNING IN BED**<br>Over the past week, do you usually have trouble turning over in bed?<br>0: Normal: Not at all (no problems).<br>1: Slight: I have a bit of trouble turning, but I do not need any help.<br>2: Mild I have a lot of trouble turning and need occasional help from someone else.<br>3: Moderate: To turn over I often need help from someone else.<br>4: Severe: I am unable to turn over without help from someone else. | ☐ |
| **2.10 TREMOR**<br>Over the past week, have you usually had shaking or tremor?<br>0: Normal: Not at all. I have no shaking or tremor.<br>1: Slight: Shaking or tremor occurs but does not cause problems with any activities.<br>2: Mild: Shaking or tremor causes problems with only a few activities.<br>3: Moderate: Shaking or tremor causes problems with many of my daily activities.<br>4: Severe: Shaking or tremor causes problems with most or all activities. | ☐ |
| **2.11 GETTING OUT OF BED, A CAR, OR A DEEP CHAIR**<br>Over the past week, have you usually had trouble getting out of bed, a car seat, or a deep chair?<br>0: Normal: Not at all (no problems).<br>1: Slight: I am slow or awkward, but I usually can do it on my first try.<br>2: Mild: I need more than one try to get up or need occasional help.<br>3: Moderate: I sometimes need help to get up, but most times I can still do it on my own.<br>4: Severe: I need help most or all of the time. | ☐ |

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| **2.12 WALKING AND BALANCE**<br><br>Over the past week, have you usually had problems with balance and walking?<br><br>0: Normal: Not at all (no problems).<br><br>1: Slight: I am slightly slow or may drag a leg. I never use a walking aid.<br><br>2: Mild: I occasionally use a walking aid, but I do not need any help from another person.<br><br>3: Moderate: I usually use a walking aid (cane, walker) to walk safely without falling. However, I do not usually need the support of another person.<br><br>4: Severe: I usually use the support of another persons to walk safely without falling. | ☐ |
| **2.13 FREEZING**<br><br>Over the past week, on your usual day when walking, do you suddenly stop or freeze as if your feet are stuck to the floor.<br><br>0: Normal: Not at all (no problems).<br><br>1: Slight: I briefly freeze but I can easily start walking again. I do not need help from someone else or a walking aid (cane or walker) because of freezing.<br><br>2: Mild: I freeze and have trouble starting to walk again, but I do not need someone's help or a walking aid (cane or walker) because of freezing.<br><br>3: Moderate: When I freeze I have a lot of trouble starting to walk again and, because of freezing, I sometimes need to use a walking aid or need someone else's help.<br><br>4: Severe: Because of freezing, most or all of the time, I need to use a walking aid or someone's help. | ☐ |

This completes the questionnaire. We may have asked about problems you do not even have, and may have mentioned problems that you may never develop at all. Not all patients develop all these problems, but because they can occur, it is important to ask all the questions to every patient. Thank you for your time and attention in completing this questionnaire.

## Part III: Motor Examination

Overview: This portion of the scale assesses the motor signs of PD. In administering Part III of the MDS-UPDRS the examiner should comply with the following guidelines:

At the top of the form, mark whether the patient is on medication for treating the symptoms of Parkinson's disease and, if on levodopa, the time since the last dose.

Also, if the patient is receiving medication for treating the symptoms of Parkinson's Disease, mark the patient's clinical state using the following definitions:
**ON** is the typical functional state when patients are receiving medication and have a good response.
**OFF** is the typical functional state when patients have a poor response in spite of taking medications.

The investigator should "rate what you see". Admittedly, concurrent medical problems such as stroke, paralysis, arthritis, contracture, and orthopedic problems such as hip or knee replacement and scoliosis may interfere with individual items in the motor examination. In situations where it is absolutely impossible to test (e.g., amputations, plegia, limb in a cast), use the notation "**UR**" for Unable to Rate. Otherwise, rate the performance of each task as the patient performs in the context of co-morbidities.

All items must have an integer rating (no half points, no missing ratings).

Specific instructions are provided for the testing of each item. These should be followed in all instances. The investigator demonstrates while describing tasks the patient is to perform and rates function immediately thereafter. For Global Spontaneous Movement and Rest Tremor items (3.14 and 3.17), these items have been placed purposefully at the end of the scale because clinical information pertinent to the score will be obtained throughout the entire examination.

At the end of the rating, indicate if dyskinesia (chorea or dystonia) was present at the time of the examination, and if so, whether these movements interfered with the motor examination.

**3a** Is the patient on medication for treating the symptoms of Parkinson's Disease? ☐ No ☐ Yes

**3b** If the patient is receiving medication for treating the symptoms of Parkinson's Disease, mark the patient's clinical state using the following definitions:

☐ ON: On is the typical functional state when patients are receiving medication and have a good response.

☐ OFF: Off is the typical functional state when patients have a poor response in spite of taking medications.

**3c** Is the patient on Levodopa ? ☐ No ☐ Yes

**3.C1** If yes, minutes since last levodopa dose: _____

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| **3.1 SPEECH**<br><br>Instructions to examiner: Listen to the patient's free-flowing speech and engage in conversation if necessary. Suggested topics: ask about the patient's work, hobbies, exercise, or how he got to the doctor's office. Evaluate volume, modulation (prosody) and clarity, including slurring, palilalia (repetition of syllables) and tachyphemia (rapid speech, running syllables together).<br><br>0: Normal: No speech problems.<br><br>1: Slight: Loss of modulation, diction or volume, but still all words easy to understand.<br><br>2: Mild: Loss of modulation, diction, or volume, with a few words unclear, but the overall sentences easy to follow.<br><br>3: Moderate: Speech is difficult to understand to the point that some, but not most, sentences are poorly understood.<br><br>4: Severe: Most speech is difficult to understand or unintelligible. | ☐ |
| **3.2 FACIAL EXPRESSION**<br><br>Instructions to examiner: Observe the patient sitting at rest for 10 seconds, without talking and also while talking. Observe eye-blink frequency, masked facies or loss of facial expression, spontaneous smiling and parting of lips.<br><br>0: Normal: Normal facial expression.<br><br>1: Slight: Minimal masked facies manifested only by decreased frequency of blinking.<br><br>2: Mild: In addition to decreased eye-blink frequency, Masked facies present in the lower face as well, namely fewer movements around the mouth, such as less spontaneous smiling, but lips not parted.<br><br>3: Moderate: Masked facies with lips parted some of the time when the mouth is at rest.<br><br>4: Severe: Masked facies with lips parted most of the time when the mouth is at rest. | ☐ |

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| **3.3 RIGIDITY**<br><br>Instructions to examiner: Rigidity is judged on slow passive movement of major joints with the patient in a relaxed position and the examiner manipulating the limbs and neck. First, test without an activation maneuver. Test and rate neck and each limb separately. For arms, test the wrist and elbow joints simultaneously. For legs, test the hip and knee joints simultaneously. If no rigidity is detected, use an activation maneuver such as tapping fingers, fist opening/closing, or heel tapping in a limb not being tested. Explain to the patient to go as limp as possible as you test for rigidity.<br><br>0: Normal: No rigidity.<br><br>1: Slight: Rigidity only detected with activation maneuver.<br><br>2: Mild: Rigidity detected without the activation maneuver, but full range of motion is easily achieved.<br><br>3: Moderate: Rigidity detected without the activation maneuver; full range of motion is achieved with effort.<br><br>4: Severe: Rigidity detected without the activation maneuver and full range of motion not achieved. | ☐ Neck<br><br>☐ RUE<br><br>☐ LUE<br><br>☐ RLE<br><br>☐ LLE |
| **3.4 FINGER TAPPING**<br><br>Instructions to examiner: Each hand is tested separately. Demonstrate the task, but do not continue to perform the task while the patient is being tested. Instruct the patient to tap the index finger on the thumb 10 times as quickly AND as big as possible. Rate each side separately, evaluating speed, amplitude, hesitations, halts and decrementing amplitude.<br><br>0: Normal: No problems.<br><br>1: Slight: Any of the following: a) the regular rhythm is broken with one or two interruptions or hesitations of the tapping movement; b) slight slowing; c) the amplitude decrements near the end of the 10 taps.<br><br>2: Mild: Any of the following: a) 3 to 5 interruptions during tapping; b) mild slowing; c) the amplitude decrements midway in the 10-tap sequence.<br><br>3: Moderate: Any of the following: a) more than 5 interruptions during tapping or at least one longer arrest (freeze) in ongoing movement; b) moderate slowing; c) the amplitude decrements starting after the 1st tap.<br><br>4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements. | ☐ R<br><br>☐ L |

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| **3.5 HAND MOVEMENTS**<br><br>Instructions to examiner: Test each hand separately. Demonstrate the task, but do not continue to perform the task while the patient is being tested. Instruct the patient to make a tight fist with the arm bent at the elbow so that the palm faces the examiner. Have the patient open the hand 10 times as fully AND as quickly as possible. If the patient fails to make a tight fist or to open the hand fully, remind him/ her to do so. Rate each side separately, evaluating speed, amplitude, hesitations, halts and decrementing amplitude.<br><br>0: Normal: No problem.<br><br>1: Slight: Any of the following: a) the regular rhythm is broken with one or two interruptions or hesitations of the movement; b) slight slowing; c) the amplitude decrements near the end of the task.<br><br>2: Mild: Any of the following: a) 3 to 5 interruptions during the movements; b) mild slowing; c) the amplitude decrements midway in the task.<br><br>3: Moderate: Any of the following: a) more than 5 interruptions during the movement or at least one longer arrest (freeze) in ongoing movement; b) moderate slowing; c) the amplitude decrements starting after the 1st open-and-close sequence.<br><br>4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements. | ☐ R<br><br>☐ L |
| **3.6 PRONATION-SUPINATION MOVEMENTS OF HANDS**<br><br>Instructions to examiner: Test each hand separately. Demonstrate the task, but do not continue to perform the task while the patient is being tested. Instruct the patient to extend the arm out in front of his/her body with the palms down; then to turn the palm up and down alternately 10 times as fast and as fully as possible. Rate each side separately, evaluating speed, amplitude, hesitations, halts and decrementing amplitude.<br><br>0: Normal: No problems.<br><br>1: Slight: Any of the following: a) the regular rhythm is broken with one or two interruptions or hesitations of the movement; b) slight slowing; c) the amplitude decrements near the end of the sequence.<br><br>2: Mild: Any of the following: a) 3 to 5 interruptions during the movements; b) mild slowing; c) the amplitude decrements midway in the sequence.<br><br>3: Moderate: Any of the following: a) more than 5 interruptions during the movement or at least one longer arrest (freeze) in ongoing movement; b) moderate slowing c) the amplitude decrements starting after the 1st supination-pronation sequence.<br><br>4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements. | ☐ R<br><br>☐ L |

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| **3.7 TOE TAPPING**<br><br>Instructions to examiner: Have the patient sit in a straight-backed chair with arms, both feet on the floor. Test each foot separately. Demonstrate the task, but do not continue to perform the task while the patient is being tested. Instruct the patient to place the heel on the ground in a comfortable position and then tap the toes 10 times as big and as fast as possible. Rate each side separately, evaluating speed, amplitude, hesitations, halts and decrementing amplitude.<br><br>0: Normal: No problem.<br><br>1: Slight: Any of the following: a) the regular rhythm is broken with one or two interruptions or hesitations of the tapping movement; b) slight slowing; c) amplitude decrements near the end of the ten taps.<br><br>2: Mild: Any of the following: a) 3 to 5 interruptions during the tapping movements; b) mild slowing; c) amplitude decrements midway in the task.<br><br>3: Moderate: Any of the following: a) more than 5 interruptions during the tapping movements or at least one longer arrest (freeze) in ongoing movement; b) moderate slowing; c) amplitude decrements after the first tap.<br><br>4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements. | ☐ R<br><br>☐ L |
| **3.8 LEG AGILITY**<br><br>Instructions to examiner: Have the patient sit in a straight-backed chair with arms. The patient should have both feet comfortably on the floor. Test each leg separately. Demonstrate the task, but do not continue to perform the task while the patient is being tested. Instruct the patient to place the foot on the ground in a comfortable position and then raise and stomp the foot on the ground 10 times as high and as fast as possible. Rate each side separately, evaluating speed, amplitude, hesitations, halts and decrementing amplitude.<br><br>0: Normal: No problems.<br><br>1: Slight: Any of the following: a) the regular rhythm is broken with one or two interruptions or hesitations of the movement; b) slight slowing; c) amplitude decrements near the end of the task.<br><br>2: Mild: Any of the following: a) 3 to 5 interruptions during the movements; b) mild slowness; c) amplitude decrements midway in the task.<br><br>3: Moderate: Any of the following: a) more than 5 interruptions during the movement or at least one longer arrest (freeze) in ongoing movement; b) moderate slowing in speed; c) amplitude decrements after the first tap.<br><br>4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements. | ☐ R<br><br>☐ L |

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| **3.9 ARISING FROM CHAIR**<br><br>Instructions to examiner: Have the patient sit in a straight-backed chair with arms, with both feet on the floor and sitting back in the chair (if the patient is not too short). Ask the patient to cross his/her arms across the chest and then to stand up. If the patient is not successful, repeat this attempt a maximum up to two more times. If still unsuccessful, allow the patient to move forward in the chair to arise with arms folded across the chest. Allow only one attempt in this situation. If unsuccessful, allow the patient to push off using his/her hands on the arms of the chair. Allow a maximum of three trials of pushing off. If still not successful, assist the patient to arise. After the patient stands up, observe the posture for item 3.13<br><br>0: Normal: No problems. Able to arise quickly without hesitation.<br><br>1: Slight: Arising is slower than normal; or may need more than one attempt; or may need to move forward in the chair to arise. No need to use the arms of the chair.<br><br>2: Mild: Pushes self up from arms of chair without difficulty.<br><br>3: Moderate: Needs to push off, but tends to fall back; or may have to try more than one time using arms of chair, but can get up without help.<br><br>4: Severe: Unable to arise without help. | ☐ |
| **3.10 GAIT**<br><br>Instructions to examiner: Testing gait is best performed by having the patient walking away from and towards the examiner so that both right and left sides of the body can be easily observed simultaneously. The patient should walk at least 10 meters (30 feet), then turn around and return to the examiner. This item measures multiple behaviors: stride amplitude, stride speed, height of foot lift, heel strike during walking, turning, and arm swing, but not freezing. Assess also for "freezing of gait" (next item 3.11) while patient is walking. Observe posture for item 3.13<br><br>0: Normal: No problems.<br><br>1: Slight: Independent walking with minor gait impairment.<br><br>2: Mild: Independent walking but with substantial gait impairment.<br><br>3: Moderate: Requires an assistance device for safe walking (walking stick, walker) but not a person.<br><br>4: Severe: Cannot walk at all or only with another person's assistance. | ☐ |

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| **3.11 FREEZING OF GAIT**<br><br>Instructions to examiner: While assessing gait, also assess for the presence of any gait freezing episodes. Observe for start hesitation and stuttering movements especially when turning and reaching the end of the task. To the extent that safety permits, patients may NOT use sensory tricks during the assessment.<br><br>0: Normal: No freezing.<br><br>1: Slight: Freezes on starting, turning or walking through doorway with a single halt during any of these events, but then continues smoothly without freezing during straight walking.<br><br>2: Mild: Freezes on starting, turning or walking through doorway with more than one halt during any of these activities, but continues smoothly without freezing during straight walking.<br><br>3: Moderate: Freezes once during straight walking.<br><br>4: Severe: Freezes multiple times during straight walking. | ☐ |
| **3.12 POSTURAL STABILITY**<br><br>Instructions to examiner: The test examines the response to sudden body displacement produced by a quick, forceful pull on the shoulders while the patient is standing erect with eyes open and feet comfortably apart and parallel to each other. Test retropulsion. Stand behind the patient and instruct the patient on what is about to happen. Explain that s/he is allowed to take a step backwards to avoid falling. There should be a solid wall behind the examiner, at least 1-2 meters away to allow for the observation of the number of retropulsive steps. The first pull is an instructional demonstration and is purposely milder and not rated. The second time the shoulders are pulled briskly and forcefully towards the examiner with enough force to displace the center of gravity so that patient MUST take a step backwards. The examiner needs to be ready to catch the patient, but must stand sufficiently back so as to allow enough room for the patient to take several steps to recover independently. Do not allow the patient to flex the body abnormally forward in anticipation of the pull. Observe for the number of steps backwards or falling. Up to and including two steps for recovery is considered normal, so abnormal ratings begin with three steps. If the patient fails to understand the test, the examiner can repeat the test so that the rating is based on an assessment that the examiner feels reflects the patient's limitations rather than misunderstanding or lack of preparedness. Observe standing posture for item 3.13<br><br>0: Normal: No problems: Recovers with one or two steps.<br><br>1: Slight: 3-5 steps, but subject recovers unaided.<br><br>2: Mild: More than 5 steps, but subject recovers unaided.<br><br>3: Moderate: Stands safely, but with absence of postural response; falls if not caught by examiner.<br><br>4: Severe: Very unstable, tends to lose balance spontaneously or with just a gentle pull on the shoulders. | ☐ |

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| **3.13 POSTURE**<br><br>Instructions to examiner: Posture is assessed with the patient standing erect after arising from a chair, during walking , and while being tested for postural reflexes. If you notice poor posture, tell the patient to stand up straight and see if the posture improves (see option 2 below). Rate the worst posture seen in these three observation points. Observe for flexion and side-to-side leaning.<br><br>0: Normal: No problems.<br>1: Slight: Not quite erect, but posture could be normal for older person.<br>2: Mild: Definite flexion, scoliosis or leaning to one side, but patient can correct posture to normal posture when asked to do so.<br>3: Moderate: Stooped posture, scoliosis or leaning to one side that cannot be corrected volitionally to a normal posture by the patient.<br>4: Severe: Flexion, scoliosis or leaning with extreme abnormality of posture. | ☐ |
| **3.14 GLOBAL SPONTANEITY OF MOVEMENT (BODY BRADYKINESIA)**<br><br>Instructions to examiner: This global rating combines all observations on slowness, hesitancy, and small amplitude and poverty of movement in general, including a reduction of gesturing and of crossing the legs. This assessment is based on the examiner's global impression after observing for spontaneous gestures while sitting, and the nature of arising and walking.<br><br>0: Normal: No problems.<br>1: Slight: Slight global slowness and poverty of spontaneous movements.<br>2: Mild: Mild global slowness and poverty of spontaneous movements.<br>3: Moderate: Moderate global slowness and poverty of spontaneous movements.<br>4: Severe: Severe global slowness and poverty of spontaneous movements. | ☐ |
| **3.15 POSTURAL TREMOR OF THE HANDS**<br><br>Instructions to examiner: All tremor, including re-emergent rest tremor, that is present in this posture is to be included in this rating. Rate each hand separately. Rate the highest amplitude seen. Instruct the patient to stretch the arms out in front of the body with palms down. The wrist should be straight and the fingers comfortably separated so that they do not touch each other. Observe this posture for 10 seconds.<br><br>0: Normal: No tremor.<br>1: Slight: Tremor is present but less than 1 cm in amplitude.<br>2: Mild: Tremor is at least 1 but less than 3 cm in amplitude.<br>3: Moderate: Tremor is at least 3 but less than 10 cm in amplitude.<br>4: Severe: Tremor is at least 10 cm in amplitude. | ☐ R<br>☐ L |

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| **3.16 KINETIC TREMOR OF THE HANDS**<br><br>Instructions to examiner: This is tested by the finger-to-nose maneuver. With the arm starting from the outstretched position, have the patient perform at least three finger-to-nose maneuvers with each hand reaching as far as possible to touch the examiner's finger. The finger-to-nose maneuver should be performed slowly enough not to hide any tremor that could occur with very fast arm movements. Repeat with the other hand, rating each hand separately. The tremor can be present throughout the movement or as the tremor reaches either target (nose or finger). Rate the highest amplitude seen.<br><br>0: Normal: No tremor.<br>1: Slight: Tremor is present but less than 1 cm in amplitude.<br>2: Mild: Tremor is at least 1 but less than 3 cm in amplitude.<br>3: Moderate: Tremor is at least 3 but less than 10 cm in amplitude.<br>4: Severe: Tremor is at least 10 cm in amplitude. | ☐ R<br>☐ L |
| **3.17 REST TREMOR AMPLITUDE**<br><br>Instructions to examiner: This and the next item have been placed purposefully at the end of the examination to allow the rater to gather observations on rest tremor that may appear at any time during the exam, including when quietly sitting, during walking and during activities when some body parts are moving but others are at rest. Score the maximum amplitude that is seen at any time as the final score. Rate only the amplitude and not the persistence or the intermittency of the tremor.<br>As part of this rating, the patient should sit quietly in a chair with the hands placed on the arms of the chair (not in the lap) and the feet comfortably supported on the floor for 10 seconds with no other directives. Rest tremor is assessed separately for all four limbs and also for the lip/jaw. Rate only the maximum amplitude that is seen at any time as the final rating.<br><br>Extremity ratings<br><br>0: Normal: No tremor.<br>1: Slight.: < 1 cm in maximal amplitude.<br>2: Mild: > 1 cm but < 3 cm in maximal amplitude.<br>3: Moderate: 3 - 10 cm in maximal amplitude.<br>4: Severe: > 10 cm in maximal amplitude.<br><br>Lip/Jaw ratings<br><br>0: Normal: No tremor.<br>1: Slight: < 1 cm in maximal amplitude.<br>2: Mild: > 1 cm but < 2 cm in maximal amplitude.<br>3: Moderate: > 2 cm but < 3 cm in maximal amplitude.<br>4: Severe: > 3 cm in maximal amplitude. | ☐ RUE<br>☐ LUE<br>☐ RLE<br>☐ LLE<br>☐ Lip/Jaw |

**3.18 CONSTANCY OF REST TREMOR**

**SCORE**

Instructions to examiner: This item receives one rating for all rest tremor and focuses on the constancy of rest tremor during the examination period when different body parts are variously at rest. It is rated purposefully at the end of the examination so that several minutes of information can be coalesced into the rating.

0: Normal: No tremor.

1: Slight: Tremor at rest is present < 25% of the entire examination period.

2: Mild: Tremor at rest is present 26-50% of the entire examination period.

3: Moderate: Tremor at rest is present 51-75% of the entire examination period.

4: Severe: Tremor at rest is present > 75% of the entire examination period.

☐

**DYSKINESIA IMPACT ON PART III RATINGS**

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

B. If yes, did these movements interfere with your ratings? ☐ No ☐ Yes

**HOEHN AND YAHR STAGE**

0: Asymptomatic.

1: Unilateral involvement only.

2: Bilateral involvement without impairment of balance.

3: Mile to moderate involvement; some postural instability but physically independent; needs assistance to recover from pull test.

4: Severe disability; still able to walk or stand unassisted.

5: Wheelchair bound or bedridden unless aided.

☐