

[← SURVEY LIST](#)

SURVEY TITLE

Your Movement Experiences

1

Who is filling out this questionnaire (select the best answer)?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: PATIENT

CAREGIVER

PATIENT AND CAREGIVER IN EQUAL PROPORTION

2

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

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 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.

3

Saliva and Drooling: Over the past week, have you usually had too much saliva during when you are awake or when you sleep?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).

1: SLIGHT: I HAVE TOO MUCH SALIVA, BUT DO NOT DROOL.

2: MILD: I HAVE SOME DROOLING DURING SLEEP, BUT NONE WHEN I AM AWAKE.

3: MODERATE: I HAVE SOME DROOLING WHEN I AM AWAKE, BUT I USUALLY DO NOT NEED TISSUES OR A HANDKERCHIEF.

4: SEVERE: I HAVE SO MUCH DROOLING THAT I REGULARLY NEED TO USE TISSUES OR A HANDKERCHIEF TO PROTECT MY CLOTHES.

4

Chewing and Swallowing: 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?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NO PROBLEMS.

1: SLIGHT: I AM AWARE OF SLOWNESS IN MY CHEWING OR INCREASED EFFORT AT SWALLOWING, BUT I DO NOT CHOKER OR NEED TO HAVE MY FOOD SPECIALLY PREPARED.

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.

3: MODERATE: I CHOKED AT LEAST ONCE IN THE PAST WEEK.

4: SEVERE: BECAUSE OF CHEWING AND SWALLOWING PROBLEMS, I NEED A FEEDING TUBE.

5

Eating Tasks: 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, knives, spoons, chopsticks?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).

1: SLIGHT: I AM SLOW, BUT I DO NOT NEED ANY HELP HANDLING MY FOOD AND HAVE NOT HAD FOOD SPILLS WHILE EATING.

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.

3: MODERATE: I NEED HELP WITH MANY EATING TASKS BUT CAN MANAGE SOME ALONE.

4: SEVERE: I NEED HELP FOR MOST OR ALL EATING TASKS.

6

Dressing: 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?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).

1: SLIGHT: I AM SLOW BUT I DO NOT NEED HELP.

2: MILD: I AM SLOW AND NEED HELP FOR A FEW DRESSING TASKS (BUTTONS, BRACELETS).

3: MODERATE: I NEED HELP FOR MANY DRESSING TASKS.

4: SEVERE: I NEED HELP FOR MOST OR ALL DRESSING TASKS.

7

Hygiene: 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?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).
1: SLIGHT: I AM SLOW BUT I DO NOT NEED ANY HELP.
2: MILD: I NEED SOMEONE ELSE TO HELP ME WITH SOME HYGIENE TASKS.
3: MODERATE: I NEED HELP FOR MANY HYGIENE TASKS.
4: SEVERE: I NEED HELP FOR MOST OR ALL OF MY HYGIENE TASKS.

8

Handwriting: Over the past week, have people usually had trouble reading your handwriting?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).
1: SLIGHT: MY WRITING IS SLOW, CLUMSY OR UNEVEN, BUT ALL WORDS ARE CLEAR.
2: MILD: SOME WORDS ARE UNCLEAR AND DIFFICULT TO READ.
3: MODERATE: MANY WORDS ARE UNCLEAR AND DIFFICULT TO READ.
4: SEVERE: MOST OR ALL WORDS CANNOT BE READ.

9

Doing hobbies or other activities: Over the past week, have you usually had trouble doing your hobbies or other things that you like to do?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).
1: SLIGHT: I AM A BIT SLOW BUT DO THESE ACTIVITIES EASILY.
2: MILD: I HAVE SOME DIFFICULTY DOING THESE ACTIVITIES.
3: MODERATE: I HAVE MAJOR PROBLEMS DOING THESE ACTIVITIES, BUT STILL DO MOST.
4: SEVERE: I AM UNABLE TO DO MOST OR ALL OF THESE ACTIVITIES.

10

Turning in Bed: Over the past week, do you usually have trouble turning over in bed?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).
1: SLIGHT: I HAVE A BIT OF TROUBLE TURNING, BUT I DO NOT NEED ANY HELP.
2: MILD: I HAVE A LOT OF TROUBLE TURNING AND NEED OCCASIONAL HELP FROM SOMEONE ELSE.
3: MODERATE: TO TURN OVER I OFTEN NEED HELP FROM SOMEONE ELSE.
4: SEVERE: I AM UNABLE TO TURN OVER WITHOUT HELP FROM SOMEONE ELSE.

11

Tremor: Over the past week, have you usually had shaking or tremor?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL. I HAVE NO SHAKING OR TREMOR.

1: SLIGHT: SHAKING OR TREMOR OCCURS BUT DOES NOT CAUSE PROBLEMS WITH ANY ACTIVITIES.

2: MILD: SHAKING OR TREMOR CAUSES PROBLEMS WITH ONLY A FEW ACTIVITIES.

3: MODERATE: SHAKING OR TREMOR CAUSES PROBLEMS WITH MANY OF MY DAILY ACTIVITIES.

4: SEVERE: SHAKING OR TREMOR CAUSES PROBLEMS WITH MOST OR ALL ACTIVITIES.

12

Getting out of bed, a car, or a deep chair: Over the past week, have you usually had trouble getting out of bed, a car seat, or a deep chair?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).

1: SLIGHT: I AM SLOW OR AWKWARD, BUT I USUALLY CAN DO IT ON MY FIRST TRY.

2: MILD: I NEED MORE THAN ONE TRY TO GET UP OR NEED OCCASIONAL HELP.

3: MODERATE: I SOMETIMES NEED HELP TO GET UP, BUT MOST TIMES I CAN STILL DO IT ON MY OWN.

4: SEVERE: I NEED HELP MOST OR ALL OF THE TIME.

13

Walking and balance: Over the past week, have you usually had problems with balance and walking?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).

1: SLIGHT: I AM SLIGHTLY SLOW OR MAY DRAG A LEG. I NEVER USE A WALKING AID.

2: MILD: I OCCASIONALLY USE A WALKING AID, BUT I DO NOT NEED ANY HELP FROM ANOTHER PERSON.

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.

4: SEVERE: I USUALLY USE THE SUPPORT OF ANOTHER PERSONS TO WALK SAFELY WITHOUT FALLING.

14

Freezing: 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?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0: NORMAL: NOT AT ALL (NO PROBLEMS).

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.

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.

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.

4: SEVERE: BECAUSE OF FREEZING, MOST OR ALL OF THE TIME, I NEED TO USE A WALKING AID OR SOMEONE'S HELP.

15

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.

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: [CLICK HERE TO CONTINUE.](#)