DATA SET – BRASOV, ROMANIA
PARKINSON'S DISEASE PATIENTS & CONTROLS

Name (First and second name)**:**_____

Number of Clinical History:_____

Date of birth:_____/_____/_____ **Age:**_____ years

Sex: ☐ Male (1) ☐ Female (2)

Code Number:_____

Date of filling:_____/_____/_____

Name of the neurologist who fill the data set:_____

Status of the Subject

☐ **Healthy Control** (Free of PD, other parkinsonian syndromes, dementia, tremor, dystonia or other neurodegenerative diseases or movement disorders)

☐ **PD patient** (According to the UK Brain Bank Criteria; Hughes et al 1992)

- ☐ Probable (1) (Fulfill criteria 1 and 2 but there are less than three supportive criteria)
- ☐ Definite (2) (Fulfill criteria 1 and 2 and there are three or more supportive criteria)

UKBB Criteria

CRITERIA 1. Inclusion criteria

Bradykinesia (slowness of initiation of voluntary movement with progressive reduction in speed and amplitude of repetitive actions) and at least one of the following: Muscular **rigidity**, 4–6 Hz **rest tremor** and/or **Postural instability** not caused by primary visual, vestibular, cerebellar, or proprioceptive dysfunction

CRITERIA 2. Exclusion criteria

History of repeated strokes, stepwise progression, History of repeated head injury, History of definite encephalitis, Negative response to large doses of levodopa (if malabsorption excluded), MPTP exposure, Oculogyric crises, Neuroleptic treatment at onset of symptoms, Strictly unilateral features after 3 yr, Sustained remission, Supranuclear gaze palsy, Cerebellar signs, Early severe autonomic involvement, Early severe dementia, Babinski sign, Presence of cerebral tumour or communicating hydrocephalus on CT scan.

More than one affected relative is **NOT** an exclusion criteria

CRITERIA 3. Supportive criteria (Three or more required for diagnosis of definite PD)

Rest tremor present
Unilateral onset
Progressive disorder
Persistent asymmetry affecting side of onset most
Excellent response (70–100%) to levodopa
Severe levodopa-induced chorea
Levodopa response for 5 yr or more
Clinical course of 10 yr or more

Family history (To Fill in PD patients and CONTROLS)

A. Ethnic and geographical background of the family

Paternal Grandfather (Father's father):

☐ Rumanian from Brasov-Transilvania (1) ☐ Rumanian from non-Transilvanian region (2)

Please, specify:_____

☐ Hungarian (3) ☐ Germans (4) ☐ Gypsies (5) ☐ Others (6)

Please, Specify:_____

☐ Unknown (0)

Paternal Grandmother (Father's mother):

☐ Rumanian from Brasov-Transilvania (1) ☐ Rumanian from non-Transilvanian region (2)

Please, specify:_____

☐ Hungarian (3) ☐ Germans (4) ☐ Gypsies (5) ☐ Others (6)

Please, Specify:_____

☐ Unknown (0)

Maternal Grandfather (Mother's father):

☐ Rumanian from Brasov-Transilvania (1) ☐ Rumanian from non-Transilvanian region (2)

Please, specify:_____

☐ Hungarian (3) ☐ Germans (4) ☐ Gypsies (5) ☐ Others (6)

Please, Specify:_____

☐ Unknown (0)

Maternal Grandmother (Mother's mother):

☐ Rumanian from Brasov-Transilvania (1) ☐ Rumanian from non-Transilvanian region (2)

Please, specify:_____

☐ Hungarian (3) ☐ Germans (4) ☐ Gypsies (5) ☐ Others (6)

Please, Specify:_____

☐ Unknown (0)

B. Consanguinity

☐ No (1) ☐ Yes (2) ☐ Unknown (0)

If yes, please specify the degree of consanguinity:_____

(Example: Parents were second degree cousins)

C. Family History for Parkinson's disease

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If YES, please specify:

1. Number of relatives with PD:_____

2. Who are the relatives with PD?

☐ Father (1) ☐ Mother (2) ☐ Grandfather-mother, number:____ (3)

☐ Brothers/sisters, number:____ (4) ☐ Sons, number:____ (5)

☐ Others (6), Please specify:_____

PERFORM THE PEDIGREE IN PAGE 5

3. Degree of certainty in PD diagnosis in relatives:

(Please, **fill only** for the relative with a **higher degree of certainty** for PD diagnosis)

☐ By direct examination of the relative (1)

☐ By History (conservative criteria for diagnosis of familial PD. Marder et al 2003)

☐ Definite PD (2) ☐ Probable PD (3) ☐ Possible PD (4)

Conservative criteria for diagnosis of familial PD. Marder et al 2003

Definite PD	1. Tremor when at rest or sitting quietly or doing things "stiffly or slowly." 2. At least one of the other three remaining characteristics: (b) shuffling gait; (c) stooped posture or (d) decreased arm swing when walking. 3. Diagnosis made by a neurologist and treated with levodopa.
Probable PD	1. Tremor when at rest or sitting quietly or doing things "stiffly or slowly." 2. At least one of the other three remaining characteristics: (b) shuffling gait; (c) stooped posture or (d) decreased arm swing when walking.. 3. One of the following: (a) diagnosis made by a non-neurologist or (b) diagnosis made by a neurologist or (c) treated with levodopa.
Possible PD	1. At least three of the following: (a) tremor at rest or sitting quietly; (b) shuffling gait; (c) stooped posture (d) decreased arm swing when walking; (e) doing things "stiffly or slowly." 2. Or at least one of the above and one of the following: (a) diagnosis made by a non-neurologist or (b) diagnosis made by a neurologist or (c) treated with levodopa.

D. Family History for other Parkinsonian syndromes (PSP, MSA, Others)

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If YES, please specify:

1. What subtype of parkinsonian Syndrome?

☐ PSP (1) ☐ MSA (2) ☐ Others (3), Please specify:_____

2. Number of relatives with other Parkinsonian syndrome:_____

3. Who are the relatives with other Parkinsonian syndrome?

☐ Father (1) ☐ Mother (2) ☐ Grandfather-mother, number:____ (3)

☐ Brothers/sisters, number:____ (4) ☐ Sons, number:____ (5)

☐ Others (6), Please specify:_____

PERFORM THE PEDIGREE IN PAGE 5

E. Family History for Tremor

☐ No (1) ☐ Yes (2) ☐ Unknown (0)

If YES, please specify:

1. What type of tremor?

   ☐ Essential tremor (1) ☐ Others (2), Please specify:_____

   ☐ Unknown (0)

2. Number of relatives with Tremor:_____

3. Who are the relatives with Tremor?

   ☐ Father (1) ☐ Mother (2) ☐ Grandfather-mother, number:____ (3)

   ☐ Brothers/sisters, number:____ (4) ☐ Sons, number:____ (5)

   ☐ Others (6), Please specify:_____

PERFORM THE PEDIGREE IN PAGE 5

F. Family History for other movement disorders (such as dystonia or tics)

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If YES, please specify:

1. What type of movement disorders?

   ☐ Dystonia (1) ☐ Tics (2) ☐ Others (3), Please specify:_____

2. Number of relatives with the movement disorders:_____

3. Who are the relatives with the movement disorders?

   ☐ Father (1) ☐ Mother (2) ☐ Grandfather-mother, number:____ (3)

   ☐ Brothers/sisters, number:____ (4) ☐ Sons, number:____ (5)

   ☐ Others (6), Please specify:_____

G. Family History for Dementia

☐ No (1) ☐ Yes (2) ☐ Unknown (0)

If YES, please specify:

1. What type of dementia?

   ☐ Alzheimer's Disease (1) ☐ Others (2), Please specify:_____

   ☐ Unknown (0)

2. Number of relatives with dementia:_____

3. Who are the relatives with dementia?

   ☐ Father (1) ☐ Mother (2) ☐ Grandfather-mother, number:____ (3)

   ☐ Brothers/sisters, number:____ (4) ☐ Sons, number:____ (5)

   ☐ Others (6), Please specify:_____

Pedigree

Fill the age of each relative (Instructions. Bennett RL et al 1995)

□ = Male ○ = Female

■ =Affected for the disease (fill the age at onset). ∅ =Death (Fill the age)

Clinical Data Set (To fill only in PD patients)

Age at disease onset: _____years

Initial disease symptom (Fill 1 or more if proceed)

- ☐ Rest Tremor (1)
- ☐ Action tremor (2)
- ☐ Motor Slowness (3)
- ☐ Abnormal gait (4)
- ☐ Others (5), please specify: _____

Symptoms distribution at onset

- ☐ UNILATERAL => ☐ Right Hemibody (1) ☐ Left Hemibody (2)
- ☐ BILATERAL => ☐ **Asymmetric** => ☐ Right>Left (3) ☐ Left>Right (4)
  - ☐ **Symmetric** (5)

Symptoms and signs during the illness course and until now

Illness duration: _____years

Actual Hoehn & Yahr => On (if available):_____ and / or Off (if available):_____

Rest tremor present during the illness course

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

Action tremor present during the illness course

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

Over the illness course the tremor has been:

- ☐ Absent. No tremor. (1)
- ☐ Slight. Tremor occurs but does not cause problems with any activities. (2)
- ☐ Mild. Tremor causes problems with only a few activities. (3)
- ☐ Moderate. Tremor causes problems with many of the daily activities. (4)
- ☐ Severe: Tremor causes problems with most or all activities (5)

Bradikynesia present during the illness course

☐ No (1) ☐ Yes (2) ☐ Unknown (0)

Rigidity present during the illness course

☐ No (1) ☐ Yes (2) ☐ Unknown (0)

Progressive disorder

☐ No (1) ☐ Yes (2) ☐ Unknown, few time of illness course (0)

Persistent asymmetry affecting side of onset most

☐ No (1) ☐ Yes (2) ☐ Unknown, few time of illness course (0)

Excellent response (70–100%) to levodopa

☐ No (1) ☐ Yes (2) ☐ Unknown, not still treated with l-dopa (0)

Levodopa response for 5 yr or more

☐ No (1) ☐ Yes(2) ☐ Unknown, not still treated with l-dopa for more than 5 yr (0)

Levodopa-induced dyskinesias

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please:

Age at onset: _____yr AND severity: ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)

Motor fluctuations

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please:

Age at onset: _____yr AND severity: ☐ Mild (1) ☐ Moderate (2) ☐ Severe (3)

Foot dystonia present during the illness course

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please the age at onset: _____yr

Postural instability present during the illness course

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

Freezing of gait

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

Dementia (According to DSM-IV Criteria)

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please the age at onset: _____yr

DSM-IV criteria for PD Dementia

A. The development of multiple cognitive deficits manifested by both memory impairment and one or more of the following: Aphasia Apraxia and Agnosia and executive dysfunction and disturbances in executive functioning
B. The cognitive deficits represent as decline from previous functioning and cause significant impairment in social or occupational functioning
C. The course is characterized by gradual onset and continuing decline
D. The cognitive decline is directly due to PD and are not due to other central nervous system, systemic, or substance-induced conditions that cause progressive deficits in memory and cognition (such as delirium).
F. The disturbance is not better accounted for by another psychiatric disorder.

Depression during the illness course or after the onset of the disease (According to DSM-IV Criteria)

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please the age at onset: _____yr

AND type of depression: ☐ Major depression (1) ☐ Minor depression (2)

DSM-IV-TR criteria for major and minor depression

Major depressive episode

A. Persistence and general pervasiveness of 5 or more of 9 potential symptoms during the same 2-week period that represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure that is present most of the day, nearly every day, as indicated by either subjective report or observation made by others.

1) Depressed mood
2) Markedly diminished interest or pleasure in all, or almost all, activities
3) Loss or gain in weight or appetite
4) Insomnia or hypersomnia
5) Psychomotor agitation or retardation
6) Fatigue or loss of energy
7) Feelings of worthlessness or excessive or inappropriate guilt
8) Diminished ability to think or concentrate, or indecisiveness
9) Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B. Symptoms do not meet criteria for a DSM mixed episode (presence of phenomena of both a manic and a depressed episode).

C. Symptoms cause clinically significant distress or functional impairment.

D. Symptoms are not due to the direct physiological effects of a substance or a general medical condition.

E. Symptoms are not better accounted for by bereavement.

Minor depressive episode

Requires only 2 of the 9 symptoms above, but one must be either depression/sadness or loss of interest/pleasure.

Visual hallucinations (with or without delusions) during the illness course?

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please the age at onset: _____yr

Dopaminergic Psychosis during the illness course (According to diagnostic criteria for PD associated psychosis)

☐ No (1) ☐ Yes(2) ☐ Unknown (0)

If yes specify please the age at onset: _____yr

Proposed diagnostic criteria for PD associated psychosis

A Characteristic symptoms

Presence delusions with or without one of the following symptoms:

Illusions
False sense of presence
Hallucinations

B Primary diagnosis

UK brain bank criteria for PD

C Chronology of the onset of symptoms of psychosis

The symptoms in Criterion A occur after the onset of PD

D. Duration

The symptom(s) in Criterion A are recurrent or continuous for 1 month

E. Exclusion of other causes

The symptoms in Criterion A are not better accounted for by another cause of Parkinsonism such as dementia with Lewy bodies, psychiatric disorders such as schizophrenia, schizoaffective disorder, delusional disorder, or mood disorder with psychotic features, or a general medical condition including delirium

D. Associated features:

With/without insight
With/without dementia
With/without treatment for PD (specify drug, surgical, other)

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:

Chairperson: Christopher G. Goetz
Part I: Werner Poewe (chair), Bruno Dubois, Anette Schrag
Part II: Matthew B. Stern (chair), Anthony E. Lang, Peter A. LeWitt
Part III: Stanley Fahn (chair), Joseph Jankovic, C. Warren Olanow
Part IV: Pablo Martinez-Martin (chair), Andrew Lees, Olivier Rascol, Bob van Hilten
Development Standards: Glenn T. Stebbins (chair), Robert Holloway, David Nyenhuis
Appendices: Cristina Sampaio (chair), Richard Dodel, Jaime Kulisevsky
Statistical Testing: Barbara Tilley (chair), Sue Leurgans, Jean Teresi,
Consultant: Stephanie Shaftman, Nancy LaPelle

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July 1, 2008

Part I: Non-Motor Aspects of Experiences of Daily Living (nM-EDL)

Overview: This portion of the scale assesses the non-motor impact of Parkinson's disease (PD) on patients' experiences of daily living. There are 13 questions. Part 1A is administered by the rater (six questions) and focuses on complex behaviors. Part 1B is a component of the self-administered Patient Questionnaire that covers seven questions on non-motor experiences of daily living.

Part 1A:
In administering Part IA, the examiner should use the following guidelines:

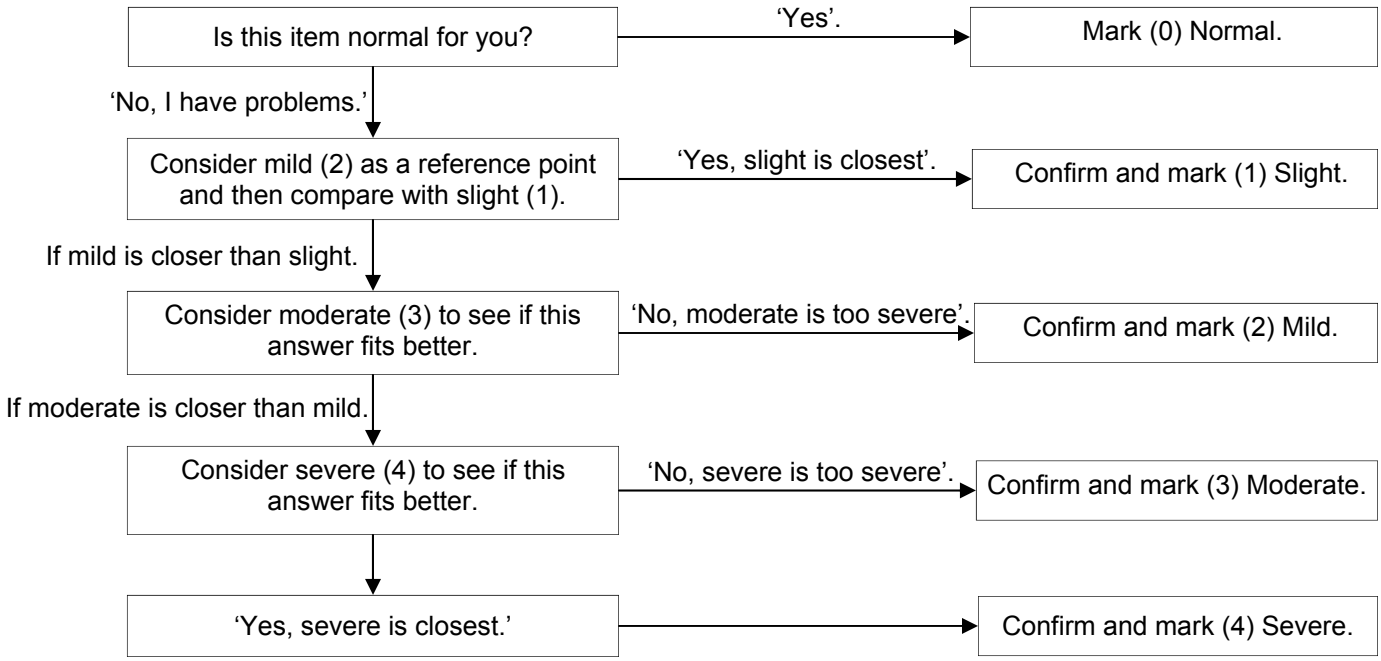
1. Mark at the top of the form the primary data source as patient, caregiver, or patient and caregiver in equal proportion.
2. The response to each item should refer to a period encompassing the prior week including the day on which the information is collected.
3. All items must have an integer rating (no half points, no missing scores). In the event that an item does not apply or cannot be rated (e.g., amputee who cannot walk), the item is marked UR for Unable to Rate.
4. The answers should reflect the usual level of function and words such as "usually", "generally", "most of the time" can be used with patients.
5. Each question has a text for you to read (Instructions to patients/caregiver). After that statement, you can elaborate and probe based on the target symptoms outlined in the Instructions to examiner. You should NOT READ the RATING OPTIONS to the patient/caregiver, because these are written in medical terminology. From the interview and probing, you will use your medical judgment to arrive at the best response.
6. Patients may have co-morbidities and other medical conditions that can affect their function. You and the patient must rate the problem as it exists and do not attempt to separate elements due to Parkinson's disease from other conditions.

EXAMPLE OF NAVIGATING THROUGH THE RESPONSE OPTIONS FOR PART 1A

Suggested strategies for obtaining the most accurate answer:
After reading the instructions to the patient, you will need to probe the entire domain under discussion to determine Normal vs. problematic: If your questions do not identify any problem in this domain, record 0 and move on to the next question.

If your questions identify a problem in this domain, you should work next with a reference anchor at the mid-range (option 2 or Mild) to find out if the patient functions at this level, better or worse. <u>You will not be reading the choices of responses to the patient as the responses use clinical terminology. You will be asking enough probing questions to determine the response that should be coded.</u>

Work up and down the options with the patient to identify the most accurate response, giving a final check by excluding the options above and below the selected response.



___ ___ ___ ___ ___ ___ ___ ___ Patient Name or Subject ID	___ ___ ___ Site ID	__ __ - __ __ - __ __ __ __ (mm-dd-yyyy) Assessment Date	___ ___ ___ Investigator's Initials

MDS UPDRS

Part I: Non-Motor Aspects of Experiences of Daily Living (nM-EDL)

Part 1A: Complex behaviors: [completed by rater]

Primary source of information:

☐ Patient ☐ Caregiver ☐ Patient and Caregiver in Equal Proportion

To be read to the patient: I am going to ask you six questions about behaviors that you may or may not experience. Some questions concern common problems and some concern uncommon ones. If you have a problem in one of the areas, please choose the best response that describes how you have felt MOST OF THE TIME during the PAST WEEK. If you are not bothered by a problem, you can simply respond NO. I am trying to be thorough, so I may ask questions that have nothing to do with you.

SCORE

1.1 COGNITIVE IMPAIRMENT

Instructions to examiner: Consider all types of altered level of cognitive function including cognitive slowing, impaired reasoning, memory loss, deficits in attention and orientation. Rate their impact on activities of daily living as perceived by the patient and/or caregiver.

Instructions to patients [and caregiver]: Over the past week have you had problems remembering things, following conversations, paying attention, thinking clearly, or finding your way around the house or in town? [If yes, examiner asks patient or caregiver to elaborate and probes for information]

0: Normal: No cognitive impairment.

1: Slight: Impairment appreciated by patient or caregiver with no concrete interference with the patient's ability to carry out normal activities and social interactions.

2: Mild: Clinically evident cognitive dysfunction, but only minimal interference with the patient's ability to carry out normal activities and social interactions.

3: Moderate: Cognitive deficits interfere with but do not preclude the patient's ability to carry out normal activities and social interactions.

4: Severe: Cognitive dysfunction precludes the patient's ability to carry out normal activities and social interactions.

	SCORE
1.2 HALLUCINATIONS AND PSYCHOSIS Instructions to examiner: Consider both illusions (misinterpretations of real stimuli) and hallucinations (spontaneous false sensations). Consider all major sensory domains (visual, auditory, tactile, olfactory and gustatory). Determine presence of unformed (for example sense of presence or fleeting false impressions) as well as formed (fully developed and detailed) sensations. Rate the patients insight into hallucinations and identify delusions and psychotic thinking. *Instructions to patients [and caregiver]: Over the past week have you seen, heard, smelled or felt things that were not really there?* [If yes, examiner asks patient or caregiver to elaborate and probes for information] 0: Normal: No hallucinations or psychotic behaviour. 1: Slight: Illusions or non-formed hallucinations, but patient recognizes them without loss of insight. 2: Mild: Formed hallucinations independent of environmental stimuli. No loss of insight. 3: Moderate: Formed hallucinations with loss of insight. 4: Severe: Patient has delusions or paranoia.	
1.3 DEPRESSED MOOD Instructions to examiner: Consider low mood, sadness, hopelessness, feelings of emptiness or loss of enjoyment. Determine their presence and duration over the past week and rate their interference with the patient's ability to carry out daily routines and engage in social interactions. *Instruction to the patient (and caregiver): Over the past week have you felt low, sad, hopeless or unable to enjoy things? If yes, was this feeling for longer than one day at a time? Did it make it difficult for you carry out your usual activities or to be with people?* If yes, examiner asks patient or caregiver to elaborate and probes for information] 0: Normal: No depressed mood. 1: Slight: Episodes of depressed mood that are not sustained for more than one day at a time. No interference with patient's ability to carry out normal activities and social interactions. 2: Mild: Depressed mood that is sustained over days, but without interference with normal activities and social interactions. 3: Moderate: Depressed mood that interferes with, but does not preclude, the patient's ability to carry out normal activities and social interactions. 4: Severe: Depressed mood precludes patient's ability to carry out normal activities and social interactions.	

	SCORE
1.4 ANXIOUS MOOD Instructions to examiner: Determine nervous, tense, worried or anxious feelings (including panic attacks) over the past week and rate their duration and interference with the patient's ability to carry out daily routines and engage in social interactions. *Instructions to patients [and caregiver]: Over the past week have you felt nervous, worried or tense? If yes, was this feeling for longer than one day at a time? Did it make it difficult for you to follow your usual activities or to be with other people*? [If yes, examiner asks patient or caregiver to elaborate and probes for information.] 0: Normal: No anxious feelings. 1: Slight: Anxious feelings present but not sustained for more than one day at a time. No interference with patient's ability to carry out normal activities and social interactions. 2: Mild: Anxious feelings are sustained over more than one day at a time, but without interference with patient's ability to carry out normal activities and social interactions. 3: Moderate: Anxious feelings interfere with, but do not preclude, the patient's ability to carry out normal activities and social interactions. 4: Severe: Anxious feelings preclude patient's ability to carry out normal activities and social interactions.	
1.5 APATHY Instructions to examiner: Consider level of spontaneous activity, assertiveness, motivation and initiative and rate the impact of reduced levels on performance of daily routines and social interactions. Here the examiner should attempt to distinguish between apathy and similar symptoms that are best explained by depression. *Instructions to patients (and caregiver): Over the past week, have you felt indifferent to doing activities or being with people?* If yes, examiner asks patient or caregiver to elaborate and probes for information.] 0: Normal: No apathy. 1: Slight: Apathy appreciated by patient and/or caregiver, but no interference with daily activities and social interactions. 2: Mild: Apathy interferes with isolated activities and social interactions. 3: Moderate: Apathy interferes with most activities and social interactions. 4: Severe: Passive and withdrawn, complete loss of initiative.	

1.6 FEATURES OF DOPAMINE DYSREGULATION SYNDROME	SCORE
Instructions to examiner: Consider involvement in a variety of activities including atypical or excessive gambling (e.g. casinos or lottery tickets), atypical or excessive sexual drive or interests (e.g., unusual interest in pornography, masturbation, sexual demands on partner), other repetitive activities (e.g. hobbies, dismantling objects, sorting or organizing), or taking extra non-prescribed medication for non-physical reasons (i.e., addictive behavior). Rate the impact of such abnormal activities/behaviors on the patient's personal life and on his family and social relations (including need to borrow money or other financial difficulties like withdrawal of credit cards, major family conflicts, lost time from work, or missed meals or sleep because of the activity). *Instructions to patients [and caregiver]: Over the past week, have you had unusually strong urges that are hard to control? Do you feel driven to do or think about something and find it hard to stop?* [Give patient examples such as gambling, cleaning, using the computer, taking extra medicine, obsessing about food or sex, all depending on the patients. 0: Normal: No problems present. 1: Slight: Problems are present but usually do not cause any difficulties for the patient or family/caregiver. 2: Mild: Problems are present and usually cause a few difficulties in the patient's personal and family life. 3: Moderate: Problems are present and usually cause a lot of difficulties in the patient's personal and family life. 4: Severe: Problems are present and preclude the patient's ability to carry out normal activities or social interactions or to maintain previous standards in personal and family life.	

The remaining questions in Part I (Non-motor Experiences of Daily Living) [Sleep, Daytime Sleepiness, Pain and Other Sensation, Urinary Problems, Constipation Problems, Lightheadedness on Standing, and Fatigue] are in the **Patient Questionnaire** along with all questions in Part II [Motor Experiences of Daily Living].

Patient Questionnaire:

Instructions:

This questionnaire will ask you about your experiences of daily living.

There are 20 questions. We are trying to be thorough, and some of these questions may therefore not apply to you now or ever. If you do not have the problem, simply mark 0 for NO.

Please read each one carefully and read all answers before selecting the one that best applies to you.

We are interested in your average or usual function over the past week including today. Some patients can do things better at one time of the day than at others. However, only one answer is allowed for each question, so please mark the answer that best describes what you can do most of the time.

You may have other medical conditions besides Parkinson's disease. Do not worry about separating Parkinson's disease from other conditions. Just answer the question with your best response.

Use only 0, 1, 2, 3, 4 for answers, nothing else. Do not leave any blanks.

Your doctor or nurse can review the questions with you, but this questionnaire is for patients to complete, either alone or with their caregivers.

Who is filling out this questionnaire (check the best answer):

☐ Patient ☐ Caregiver ☐ Patient and Caregiver in Equal Proportion

Part I: Non-Motor Aspects of Experiences of Daily Living (nM-EDL)

SCORE

1.7 SLEEP PROBLEMS

Over the past week, have you had trouble going to sleep at night or staying asleep through the night? Consider how rested you felt after waking up in the morning.

0: Normal: No problems.

1: Slight: Sleep problems are present but usually do not cause trouble getting a full night of sleep.

2: Mild: Sleep problems usually cause some difficulties getting a full night of sleep.

3: Moderate: Sleep problems cause a lot of difficulties getting a full night of sleep, but I still usually sleep for more than half the night.

4: Severe: I usually do not sleep for most of the night.

1.8 DAYTIME SLEEPINESS

Over the past week, have you had trouble staying awake during the daytime?

0: Normal: No daytime sleepiness.

1: Slight: Daytime sleepiness occurs but I can resist and I stay awake.

2: Mild: Sometimes I fall asleep when alone and relaxing. For example, while reading or watching TV.

3: Moderate: I sometimes fall asleep when I should not. For example, while eating or talking with other people.

4: Severe: I often fall asleep when I should not. For example, while eating or talking with other people.

	SCORE
1.9 PAIN AND OTHER SENSATIONS Over the past week, have you had uncomfortable feelings in your body like pain, aches tingling or cramps? 0: Normal: No uncomfortable feelings. 1: Slight: I have these feelings. However, I can do things and be with other people without difficulty. 2: Mild: These feelings cause some problems when I do things or am with other people. 3: Moderate: These feelings cause a lot of problems, but they do not stop me from doing things or being with other people. 4: Severe: These feelings stop me from doing things or being with other people.	
1.10 URINARY PROBLEMS Over the past week, have you had trouble with urine control? For example, an urgent need to urinate, a need to urinate too often, or urine accidents? 0: Normal: No urine control problems. 1: Slight: I need to urinate often or urgently. However, these problems do not cause difficulties with my daily activities. 2: Mild: Urine problems cause some difficulties with my daily activities. However, I do not have urine accidents. 3: Moderate: Urine problems cause a lot of difficulties with my daily activities, including urine accidents. 4: Severe: I cannot control my urine and use a protective garment or have a bladder tube.	

	SCORE
1.11 CONSTIPATION PROBLEMS Over the past week have you had constipation troubles that cause you difficulty moving your bowels? 0: Normal: No constipation. 1: Slight: I have been constipated. I use extra effort to move my bowels. However, this problem does not disturb my activities or my being comfortable. 2: Mild: Constipation causes me to have some troubles doing things or being comfortable. 3: Moderate: Constipation causes me to have a lot of trouble doing things or being comfortable. However, it does not stop me from doing anything. 4: Severe: I usually need physical help from someone else to empty my bowels.	
1.12 LIGHT HEADEDNESS ON STANDING Over the past week, have you felt faint, dizzy or foggy when you stand up after sitting or lying down? 0: Normal: No dizzy or foggy feelings. 1: Slight: Dizzy or foggy feelings occur. However, they do not cause me troubles doing things. 2: Mild: Dizzy or foggy feelings cause me to hold on to something, but I do not need to sit or lie back down. 3: Moderate: Dizzy or foggy feelings cause me to sit or lie down to avoid fainting or falling. 4: Severe: Dizzy or foggy feelings cause me to fall or faint.	

SCORE

1.13 FATIGUE

Over the past week, have you usually felt fatigued? This feeling is not part of being sleepy or sad

0: Normal: No fatigue.

1: Slight: Fatigue occurs. However it does not cause me troubles doing things or being with people.

2: Mild: Fatigue causes me some troubles doing things or being with people.

3: Moderate: Fatigue causes me a lot of troubles doing things or being with people. However, it does not stop me from doing anything.

4: Severe: Fatigue stops me from doing things or being with people.

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?

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.

SCORE

2.2 SALIVA & DROOLING

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

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.

2.3 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?

0: Normal: No problems.

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.

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.

	SCORE
2.4 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, knifes, spoons, chopsticks? 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.	
2.5 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? 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.	

	SCORE
2.6 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? 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.	☐
2.7 HANDWRITING Over the past week, have people usually had trouble reading your handwriting? 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.	☐
2.8 DOING HOBBIES AND OTHER ACTIVITIES Over the past week, have you usually had trouble doing your hobbies or other things that you like to do? 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.	☐

	SCORE
2.9 TURNING IN BED Over the past week, do you usually have trouble turning over in bed? 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.	
2.10 TREMOR Over the past week, have you usually had shaking or tremor? 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.	
2.11 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? 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.	

	SCORE
2.12 WALKING AND BALANCE Over the past week, have you usually had problems with balance and walking? 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.	
2.13 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. 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.	

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: _____

	SCORE
3.1 SPEECH 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). 0: Normal: No speech problems. 1: Slight: Loss of modulation, diction or volume, but still all words easy to understand. 2: Mild: Loss of modulation, diction, or volume, with a few words unclear, but the overall sentences easy to follow. 3: Moderate: Speech is difficult to understand to the point that some, but not most, sentences are poorly understood. 4: Severe: Most speech is difficult to understand or unintelligible.	
3.2 FACIAL EXPRESSION 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. 0: Normal: Normal facial expression. 1: Slight: Minimal masked facies manifested only by decreased frequency of blinking. 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. 3: Moderate: Masked facies with lips parted some of the time when the mouth is at rest. 4: Severe: Masked facies with lips parted most of the time when the mouth is at rest.	

	SCORE
3.3 RIGIDITY 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. 0: Normal: No rigidity. 1: Slight: Rigidity only detected with activation maneuver. 2: Mild: Rigidity detected without the activation maneuver, but full range of motion is easily achieved. 3: Moderate: Rigidity detected without the activation maneuver; full range of motion is achieved with effort. 4: Severe: Rigidity detected without the activation maneuver and full range of motion not achieved.	☐ Neck ☐ RUE ☐ LUE ☐ RLE ☐ LLE
3.4 FINGER TAPPING 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. 0: Normal: No problems. 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. 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. 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. 4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	☐ R ☐ L

	SCORE
3.5 HAND MOVEMENTS 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. 0: Normal: No problem. 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. 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. 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. 4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	☐ R ☐ L
3.6 PRONATION-SUPINATION MOVEMENTS OF HANDS 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. 0: Normal: No problems. 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. 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. 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. 4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	☐ R ☐ L

	SCORE
3.7 TOE TAPPING 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. 0: Normal: No problem. 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. 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. 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. 4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	☐ R ☐ L
3.8 LEG AGILITY 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. 0: Normal: No problems. 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. 2: Mild: Any of the following: a) 3 to 5 interruptions during the movements; b) mild slowness; c) amplitude decrements midway in the task. 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. 4: Severe: Cannot or can only barely perform the task because of slowing, interruptions or decrements.	☐ R ☐ L

	SCORE
3.9 ARISING FROM CHAIR 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 0: Normal: No problems. Able to arise quickly without hesitation. 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. 2: Mild: Pushes self up from arms of chair without difficulty. 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. 4: Severe: Unable to arise without help.	
3.10 GAIT 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 0: Normal: No problems. 1: Slight: Independent walking with minor gait impairment. 2: Mild: Independent walking but with substantial gait impairment. 3: Moderate: Requires an assistance device for safe walking (walking stick, walker) but not a person. 4: Severe: Cannot walk at all or only with another person’s assistance.	

	SCORE
3.11 FREEZING OF GAIT 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. 0: Normal: No freezing. 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. 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. 3: Moderate: Freezes once during straight walking. 4: Severe: Freezes multiple times during straight walking.	
3.12 POSTURAL STABILITY 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 0: Normal: No problems: Recovers with one or two steps. 1: Slight: 3-5 steps, but subject recovers unaided. 2: Mild: More than 5 steps, but subject recovers unaided. 3: Moderate: Stands safely, but with absence of postural response; falls if not caught by examiner. 4: Severe: Very unstable, tends to lose balance spontaneously or with just a gentle pull on the shoulders.	

	SCORE
3.13 POSTURE 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. 0: Normal: No problems. 1: Slight: Not quite erect, but posture could be normal for older person. 2: Mild: Definite flexion, scoliosis or leaning to one side, but patient can correct posture to normal posture when asked to do so. 3: Moderate: Stooped posture, scoliosis or leaning to one side that cannot be corrected volitionally to a normal posture by the patient. 4: Severe: Flexion, scoliosis or leaning with extreme abnormality of posture.	☐
3.14 GLOBAL SPONTANEITY OF MOVEMENT (BODY BRADYKINESIA) 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. 0: Normal: No problems. 1: Slight: Slight global slowness and poverty of spontaneous movements. 2: Mild: Mild global slowness and poverty of spontaneous movements. 3: Moderate: Moderate global slowness and poverty of spontaneous movements. 4: Severe: Severe global slowness and poverty of spontaneous movements.	☐
3.15 POSTURAL TREMOR OF THE HANDS 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. 0: Normal: No tremor. 1: Slight: Tremor is present but less than 1 cm in amplitude. 2: Mild: Tremor is at least 1 but less than 3 cm in amplitude. 3: Moderate: Tremor is at least 3 but less than 10 cm in amplitude. 4: Severe: Tremor is at least 10 cm in amplitude.	☐ R ☐ L

	SCORE
3.16 KINETIC TREMOR OF THE HANDS 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. 0: Normal: No tremor. 1: Slight: Tremor is present but less than 1 cm in amplitude. 2: Mild: Tremor is at least 1 but less than 3 cm in amplitude. 3: Moderate: Tremor is at least 3 but less than 10 cm in amplitude. 4: Severe: Tremor is at least 10 cm in amplitude.	☐ R ☐ L
3.17 REST TREMOR AMPLITUDE 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. 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. Extremity ratings 0: Normal: No tremor. 1: Slight.: < 1 cm in maximal amplitude. 2: Mild: > 1 cm but < 3 cm in maximal amplitude. 3: Moderate: 3 - 10 cm in maximal amplitude. 4: Severe: > 10 cm in maximal amplitude. Lip/Jaw ratings 0: Normal: No tremor. 1: Slight: < 1 cm in maximal amplitude. 2: Mild: > 1 cm but < 2 cm in maximal amplitude. 3: Moderate: > 2 cm but < 3 cm in maximal amplitude. 4: Severe: > 3 cm in maximal amplitude.	☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ Lip/Jaw

	SCORE
3.18 CONSTANCY OF REST TREMOR 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.	☐

Part IV: Motor Complications

Overview and Instructions: In this section, the rater uses historical and objective information to assess two motor complications, dyskinesias and motor fluctuations that include OFF-state dystonia. Use all information from patient, caregiver, and the examination to answer the six questions that summarize function over the past week including today. As in the other sections, rate using only integers (no half points allowed) and leave no missing ratings. If the item cannot be rated, place UR for Unable to Rate. You will need to choose some answers based on percentages, and therefore you will need to establish how many hours generally are awake hours and use this figure as the denominator for "OFF" time and Dyskinesias. For "OFF dystonia", the total "Off" time will be the denominator. Operational definitions for examiner's use.

Dyskinesias: Involuntary random movements
Words that patients often recognize for dyskinesias include "irregular jerking", "wiggling", "twitching". It is essential to stress to the patient the difference between dyskinesias and tremor, a common error when patients are assessing dyskinesias.

Dystonia: contorted posture, often with a twisting component:
Words that patients often recognize for dystonia include "spasms", "cramps", "posture".

Motor fluctuation: Variable response to medication:
Words that patients often recognize for motor fluctuation include "wearing out", "wearing off", "roller-coaster effect", "on-off", "uneven medication effects".

OFF: Typical functional state when patients have a poor response in spite of taking mediation or the typical functional response when patients are on NO treatment for parkinsonism. Words that patients often recognize include "low time", "bad time", "shaking time", "slow time", "time when my medications don't work."

ON: Typical functional state when patients are receiving medication and have a good response:
Words that patients often recognize include "good time", "walking time", "time when my medications work."

A . DYSKINESIAS [exclusive of OFF-state dystonia]

SCORE

4.1 TIME SPENT WITH DYSKINESIAS

Instructions to examiner: Determine the hours in the usual waking day and then the hours of dyskinesias. Calculate the percentage. If the patient has dyskinesias in the office, you can point them out as a reference to ensure that patients and caregivers understand what they are rating. You may also use your own acting skills to enact the dyskinetic movements you have seen in the patient before or show them dyskinetic movements typical of other patients. Exclude from this question early morning and nighttime painful dystonia.

Instructions to patient [and caregiver]. Over the past week, how many hours do you usually sleep on a daily basis, including nighttime sleep and daytime napping? Alright, if you sleep ___ hrs, you are awake ____ hrs. Out of those awake hours, how many hours in total do you have wiggling, twitching or jerking movements? Do not count the times when you have tremor, which is a regular back and forth shaking or times when you have painful foot cramps or spasms in the early morning or at nighttime. I will ask about those later. Concentrate only on these types of wiggling, jerking and irregular movements. Add up all the time during the waking day when these usually occur. How many hours ____ (use this number for your calculation).

0:	Normal:	No dyskinesias.
1:	Slight:	≤ 25% of waking day.
2:	Mild:	26 - 50% of waking day.
3:	Moderate:	51 - 75% of waking day.
4:	Severe:	> 75% of waking day.

1. Total Hours Awake: _____
2. Total Hours with Dyskinesia: _____
3. % Dyskinesia = ((2/1)*100): _____

SCORE

4.2 FUNCTIONAL IMPACT OF DYSKINESIAS

Instructions to examiner: Determine the degree to which dyskinesias impact on the patient's daily function in terms of activities and social interactions. Use the patient's and caregiver's response to your question and your own observations during the office visit to arrive at the best answer.

Instructions to patient [and caregiver]: Over the past week, did you usually have trouble doing things or being with people when these jerking movements occurred? Did they stop you from doing things or from being with people?

0: Normal:	No dyskinesias or no impact by dyskinesias on activities or social interactions.
1: Slight:	Dyskinesias impact on a few activities, but the patient usually performs all activities and participates in all social interactions during dyskinetic periods.
2: Mild:	Dyskinesias impact on many activities, but the patient usually performs all activities and participates in all social interactions during dyskinetic periods.
3: Moderate:	Dyskinesias impact on activities to the point that the patient usually does not perform some activities or does not usually participate in some social activities during dyskinetic episodes.
4: Severe:	Dyskinesias impact on function to the point that the patient usually does not perform most activities or participate in most social interactions during dyskinetic episodes.

B . MOTOR FLUCTUATIONS

4.3 TIME SPENT IN THE OFF STATE

Instructions to examiner: Use the number of waking hours derived from 4.1 and determine the hours spent in the "OFF" state. Calculate the percentage. If the patient has an OFF period in the office, you can point to this state as a reference. You may also use your knowledge of the patient to describe a typical OFF period. Additionally you may use your own acting skills to enact an OFF period you have seen in the patient before or show them OFF function typical of other patients. Mark down the typical number of OFF hours, because you will need this number for completing 4.6

Instructions to patient [and caregiver]: Some patients with Parkinson's disease have a good effect from their medications throughout their awake hours and we call that "ON" time. Other patients take their medications but still have some hours of low time, bad time, slow time or shaking time. Doctors call these low periods "OFF" time. Over the past week, you told me before that you are generally awake ____ hrs each day. Out of these awake hours, how many hours in total do you usually have this type of low level or OFF function ____ (Use this number for your calculations).

0: Normal:	No OFF time.
1: Slight:	≤ 25% of waking day.
2: Mild:	26 - 50% of waking day.
3: Moderate:	51 - 75% of waking day.
4: Severe:	> 75% of waking day.

1. Total Hours Awake: _____
2. Total Hours OFF: _____
3. % OFF = ((2/1)*100): _____

SCORE

4.4 FUNCTIONAL IMPACT OF FLUCTUATIONS

Instructions to examiner: Determine the degree to which motor fluctuations impact on the patient's daily function in terms of activities and social interactions. This question concentrates on the difference between the ON state and the OFF state. If the patient has no OFF time, the rating must be 0, but if patients have very mild fluctuations, it is still possible to be rated 0 on this item if no impact on activities occurs. Use the patient's and caregiver's response to your question and your own observations during the office visit to arrive at the best answer.

Instructions to patient [and caregiver]: Think about when those low or "OFF" periods have occurred over the past week. Do you usually have more problems doing things or being with people than compared to the rest of the day when you feel your medications working? Are there some things you usually do during a good period that you have trouble with or stop doing during a low period?

0: Normal: No fluctuations or No impact by fluctuations on performance of activities or social interactions.

1: Slight: Fluctuations impact on a few activities, but during OFF, the patient usually performs all activities and participates in all social interactions that typically occur during the ON state.

2: Mild: Fluctuations impact many activities, but during OFF, the patient still usually performs all activities and participates in all social interactions that typically occur during the ON state.

3: Moderate: Fluctuations impact on the performance of activities during OFF to the point that the patient usually does not perform some activities or participate in some social interactions that are performed during ON periods.

4: Severe: Fluctuations impact on function to the point that, during OFF, the patient usually does not perform most activities or participate in most social interactions that are performed during ON periods.

4.5 COMPLEXITY OF MOTOR FLUCTUATIONS

Instructions to examiner: Determine the usual predictability of OFF function whether due to dose, time of day, food intake or other factors. Use the information provided by the patients and caregiver and supplement with your own observations. You will ask if the patient can count on them always coming at a special time, mostly coming at a special time (in which case you will probe further to separate slight from mild), only sometimes coming at a special time or are they totally unpredictable? Narrowing down the percentage will allow you to find the correct answer.

Instructions to patient [and caregiver]: For some patients, the low or "OFF" periods happen at certain times during day or when they do activities like eating or exercising. Over the past week, do you usually know when your low periods will occur? In other words, do your low periods always come at a certain time? Do they mostly come at a certain time? Do they only sometimes come at a certain time? Are your low periods totally unpredictable?"

0: Normal: No motor fluctuations.

1: Slight: OFF times are predictable all or almost all of the time (> 75%).

2: Mild: OFF times are predictable most of the time (51-75%).

3: Moderate: OFF times are predictable some of the time (26-50%).

4: Severe: OFF episodes are rarely predictable. (≤ 25%).

C. "OFF" DYSTONIA

4.6 PAINFUL OFF-STATE DYSTONIA

Instructions to examiner: For patients who have motor fluctuations, determine what proportion of the OFF episodes usually includes painful dystonia? You have already determined the number of hours of "OFF" time (4.3). Of these hours, determine how many are associated with dystonia and calculate the percentage. If there is no OFF time, mark 0.

Instructions to patient [and caregiver]: In one of the questions I asked earlier, you said you generally have ___ hours of low or "OFF" time when your Parkinson's disease is under poor control. During these low or "OFF" periods, do you usually have painful cramps or spasms? Out of the total ____ hrs of this low time, if you add up all the time in a day when these painful cramps come, how many hours would this make?

0: Normal: No dystonia OR NO OFF TIME.

1: Slight: < 25% of time in OFF state.

2: Mild: 26-50% of time in OFF state.

3: Moderate: 51-75% of time in OFF state.

4: Severe: > 75% of time in OFF state.

1. Total Hours Off: _____
2. Total Off Hours w/Dystonia: _____
3. % Off Dystonia = ((2/1)*100): _____

Summary statement to patient: READ TO PATIENT

This completes my rating of your Parkinson's disease. I know the questions and tasks have taken several minutes, but I wanted to be complete and cover all possibilities. In doing so, I may have asked about problems you do not even have, and I 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 scale with me.

_____	___ ___ ___	___ ___ - ___ ___ - ___ ___ ___ ___	___ ___ ___
Patient Name or Subject ID	Site ID	(mm-dd-yyyy) Assessment Date	Investigator's Initials

MDS UPDRS Score Sheet

1.A	Source of information	☐ Patient ☐ Caregiver ☐ Patient + Caregiver	3.3b	Rigidity– RUE	
			3.3c	Rigidity– LUE	
Part I			3.3d	Rigidity– RLE	
1.1	Cognitive impairment		3.3e	Rigidity– LLE	
1.2	Hallucinations and psychosis		3.4a	Finger tapping– Right hand	
1.3	Depressed mood		3.4b	Finger tapping– Left hand	
1.4	Anxious mood		3.5a	Hand movements– Right hand	
1.5	Apathy		3.5b	Hand movements– Left hand	
1.6	Features of DDS		3.6a	Pronation- supination movements– Right hand	
1.6a	Who is filling out questionnaire	☐ Patient ☐ Caregiver ☐ Patient + Caregiver	3.6b	Pronation- supination movements– Left hand	
			3.7a	Toe tapping–Right foot	
1.7	Sleep problems		3.7b	Toe tapping– Left foot	
1.8	Daytime sleepiness		3.8a	Leg agility– Right leg	
1.9	Pain and other sensations		3.8b	Leg agility– Left leg	
1.10	Urinary problems		3.9	Arising from chair	
1.11	Constipation problems		3.10	Gait	
1.12	Light headedness on standing		3.11	Freezing of gait	
1.13	Fatigue		3.12	Postural stability	
Part II			3.13	Posture	
2.1	Speech		3.14	Global spontaneity of movement	
2.2	Saliva and drooling		3.15a	Postural tremor– Right hand	
2.3	Chewing and swallowing		3.15b	Postural tremor– Left hand	
2.4	Eating tasks		3.16a	Kinetic tremor– Right hand	
2.5	Dressing		3.16b	Kinetic tremor– Left hand	
2.6	Hygiene		3.17a	Rest tremor amplitude– RUE	
2.7	Handwriting		3.17b	Rest tremor amplitude– LUE	
2.8	Doing hobbies and other activities		3.17c	Rest tremor amplitude– RLE	
2.9	Turning in bed		3.17d	Rest tremor amplitude– LLE	
2.10	Tremor		3.17e	Rest tremor amplitude– Lip/jaw	
2.11	Getting out of bed		3.18	Constancy of rest	
2.12	Walking and balance			Were dyskinesias presen	☐ No ☐ Yes
2.13	Freezing			Did these movements interfere with ratings?	☐ No ☐ Yes
3a	Is the patient on medication?	☐ No ☐ Yes		Hoehn and Yahr Stage	
3b	Patient's clinical state	☐ Off ☐ On	**Part IV**		
3c	Is the patient on Levodopa?	☐ No ☐ Yes	4.1	Time spent with dyskinesias	
3.C1	If yes, minutes since last dose:		4.2	Functional impact of dyskinesias	
Part III			4.3	Time spent in the OFF state	
3.1	Speech		4.4	Functional impact of fluctuations	
3.2	Facial expression		4.5	Complexity of motor fluctuations	
3.3a	Rigidity– Neck		4.6	Painful OFF-state dystonia	

July 1, 2008

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MONTREAL COGNITIVE ASSESSMENT (MOCA)

Versiunea în Limba Română Versiunea 7.1

NUME:

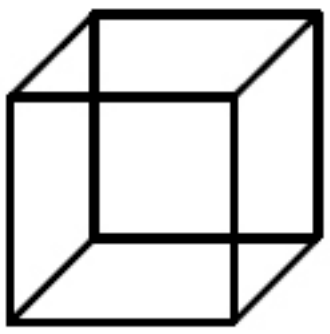
Educaţie: Data naşterii:

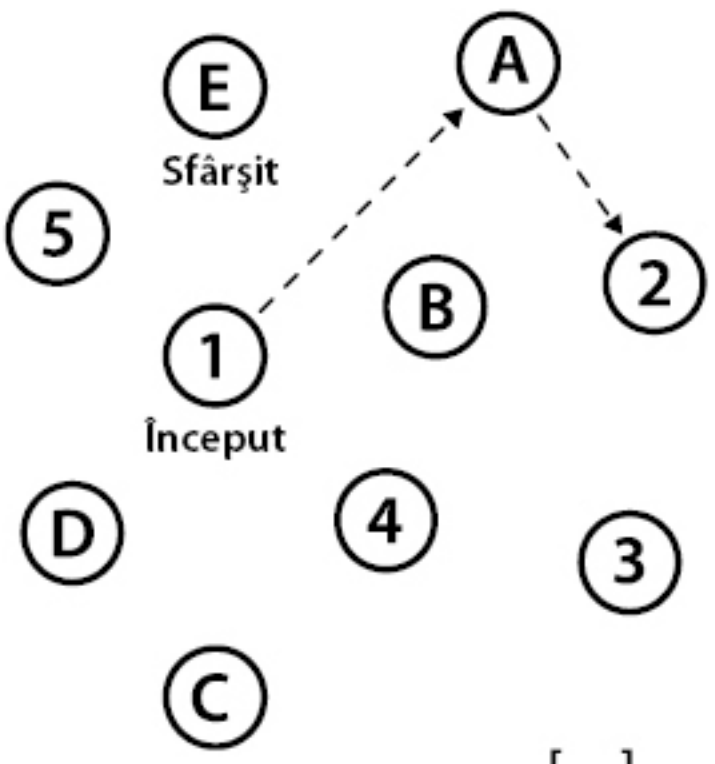
Sex: **DATA:**

VIZUOSPAŢIAL / EXECUTIV

PUNCTE

Copiaţi cubul





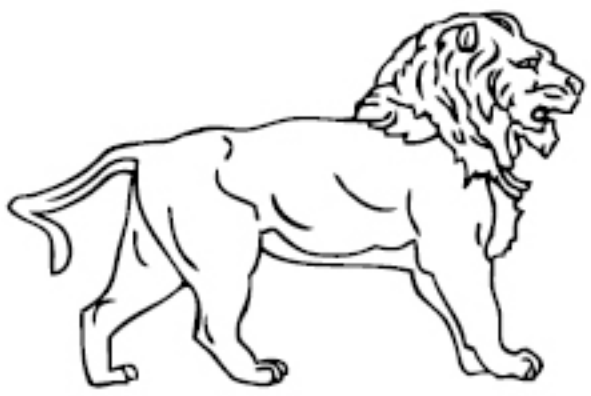
[ ] [ ]

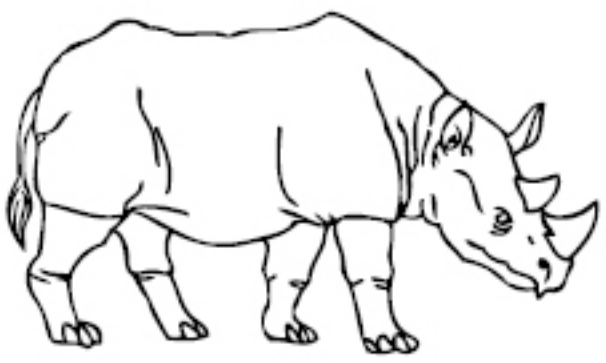
Desenaţi CEASUL (unsprezece şi zece)
[3 puncte]

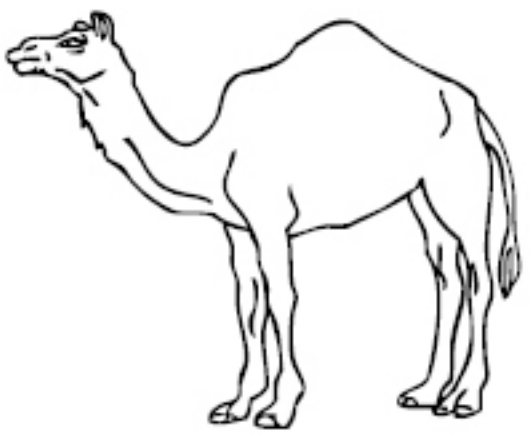
[ ] Contur [ ] Numere [ ] Limbile ceasului

__/5

DENUMIRE







[ ] [ ] [ ] __/3

MEMORIE

Citiţi lista cuvintelor, pacientul trebuie să le repete. Faceţi 2 încercări, chiar dacă prima încercare este reuşită.Testati reamintirea dupa 5 minute

	FAŢA	CATIFEA	BISERICĂ	MARGARETĂ	ROŞU
Prima încercare					
A doua încercare					

FĂRĂ PUNCTE

ATENŢIE

Citiţi lista cifrelor (1 cifră/secundă)

Pacientul trebuie să le repete în ordine crescătoare: [ ] 2 1 8 5 4

Pacientul trebuie să le repete în ordine descrescătoare: [ ] 7 4 2

__/2

Citiţi lista literelor. Subiectul trebuie să ridice mâna la fiecare literă A. Fără puncte dacă sunt ≥ 2 erori.

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B __/1

Scăderi seriate de 7 începând de la 100.
4 sau 5 scăderi corecte: **3 puncte**; 2 sau 3 corecte: **2 puncte**; 1 corect: **1 punct**; 0 corecte: **0 puncte**.

[ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65 __/3

LIMBAJ

Repetaţi:

Eu stiu doar ca Ion este cel care va ajuta astazi. [ ]

Pisica se ascunde intotdeauna sub canapea daca sunt caini in camera, [ ]

__/2

Fluenţa / Numiţi numărul maxim de cuvinte în 1 minut care încep cu litera F. [ ] _____ (N≥11 cuvinte) __/1

ABSTRACTIZARE

Similaritate între ex. banană – portocală = fruct [ ] tren – bicicletă [ ] ceas-riglă __/2

REAMINTIRE

	FAŢA	CATIFEA	BISERICĂ	MARGARETĂ	ROŞU
Trebuie să îşi reamintească cuvintele FARA INDICATIE	[ ]	[ ]	[ ]	[ ]	[ ]
OPTIONAL — Categorie indicatie					
OPTIONAL — Alegere multiplă indicatie					

Puncte numai pentru reamintire

FARA INDICATIi

__/5

ORIENTARE

[ ] Data [ ] Luna [ ] Anul [ ] Ziua [ ] Locul [ ] Oraşul __/6

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www.mocatest.org

Normal ≥ 26/30

TOTAL: _____/30

Adăugaţi 1 punct dacă ≤12 ani educaţie

EFECTUAT DE: _____

Parkinson's Disease Quality of Life Questionnaire (PDQ-39)

DATORITA FAPTULUI CA AVETI BOALA PARKINSON, cat de des ati avut urmatoarele, in ultima luna:

Datorita bolii Parkinson
cat de des
in ultima luna
ati avut ….

*Va rugam sa bifati **o casuta** pentru fiecare intrebare*

	Niciodata	Ocazional	Uneori	Frecvent	Intotdeauna sau nu am putut face deloc
1. Dificultati in a face activitati libere care le-ati dorit?	☐	☐	☐	☐	☐
2. Dificultati in a avea grija de casa, de exemplu treburi casnice, gatit?	☐	☐	☐	☐	☐
3. Dificultati in a cara sacosele de la cumparaturi?	☐	☐	☐	☐	☐
4. Probleme la mers 800 metrii?	☐	☐	☐	☐	☐
5. Probleme la mers 100 metrii?	☐	☐	☐	☐	☐
6. Probleme in a umbla cu usurinta in jurul casei asa cum v-ati fi dorit?	☐	☐	☐	☐	☐
7. Dificultati in a iesi in public?	☐	☐	☐	☐	☐
8. Nevoie de altcineva sa va insoteasca atunci cand plecati de acasa?	☐	☐	☐	☐	☐
9. Sentiment de spaima sau ingrijorarea de a cadea in public?	☐	☐	☐	☐	☐

Va rugam sa verificati daca ati bifat o singura casuta pentru fiecare intrebare
inainte sa treceti la urmatoarea pagina

Datorita bolii Parkinson,
cat de des
<u>in ultima luna…</u>

*Va rugam sa bifati **o casuta** pentru fiecare intrebare*

	Niciodata	Ocazional	Uneori	Frecvent	Intotdeauna
10. Ati fost tinut in casa mai mult decat ati fi dorit?	☐	☐	☐	☐	☐
11. Ati avut dificultati in a va spala singur?	☐	☐	☐	☐	☐
12. Ati avut dificultati in a va imbraca singur?	☐	☐	☐	☐	☐
13. Ati avut probleme in incheierea nasturilor sau in legarea sireturilor?	☐	☐	☐	☐	☐
14. Ati avut probleme in a scrie citet?	☐	☐	☐	☐	☐
15. Ati avut probleme in a va taia hrana?	☐	☐	☐	☐	☐
16. Ati avut dificultati in a tine un pahar fara a-l varsa?	☐	☐	☐	☐	☐
17. V-ati simtit deprimat?	☐	☐	☐	☐	☐
18. V-ati simtit izolat si singur?	☐	☐	☐	☐	☐
19. V-ati simtit inlacrimat sau distrus?	☐	☐	☐	☐	☐

Va rugam sa verificati daca ati bifat <u>o singura casuta pentru fiecare intrebare</u>
Inainte sa treceti la urmatoarea pagina

Datorita bolii Parkinson,
cat de des
<u>in ultima luna…</u>

*Va rugam sa bifati **o casuta** pentru fiecare intrebare*

	Niciodata	Ocazional	Uneori	Frecvent	Intotdeauna
20. V-ati simtit suparat sau furios?	☐	☐	☐	☐	☐
21. V-ati simtit ingrijorat?	☐	☐	☐	☐	☐
22. V-ati simtit ingrijorat in privinta viitorului Dvs?	☐	☐	☐	☐	☐
23. Ati simtit ca trebuie sa ascundeti ca aveti boala Parkinson?	☐	☐	☐	☐	☐
24. Ati evitat situatiile care implicau sa mancati sau sa beti in public?	☐	☐	☐	☐	☐
25. V-ati simtit jenat in public pentru ca aveti boala Parkinson?	☐	☐	☐	☐	☐
26. V-ati simtit ingrijorat de reactia altor persoane asupra dumneavoastra?	☐	☐	☐	☐	☐
27. Ati avut probleme cu relatiile dumneavoastra apropiate?	☐	☐	☐	☐	☐
28. V-a lipsit sprijinul sotului sau partenerului asa cum ati fi avut nevoie? *Daca nu aveti sot sau partener, va rog sa bifati aici*	☐	☐	☐	☐	☐
29. V-a lipsit sprijinul familiei sau prietenilor apropiati asa cum ati fi avut nevoie?	☐	☐	☐	☐	☐

Va rog sa verificati daca ati bifat <u>o singura casuta pentru fiecare intrebare</u>
Inainte sa treceti la urmatoarea pagina

Datorita bolii Parkinson, cat de des, <u>in ultima luna…</u>	*Va rugam sa bifati **o casuta** pentru fiecare intrebare*				
	Niciodata	Ocazional	Uneori	Frecvent	Intotdeauna
30. Ati adormit pe neasteptate in timpul zilei?	☐	☐	☐	☐	☐
31. Ati avut probleme de concentrare, de ex. cand citeati sau va uitati la televizor?	☐	☐	☐	☐	☐
32. Ati simtit ca va lasa memoria?	☐	☐	☐	☐	☐
33. Ati avut vise urate sau halucinatii?	☐	☐	☐	☐	☐
34. Ati avut dificultati in vorbire?	☐	☐	☐	☐	☐
35. V-ati simtit incapabil sa comunicati corect cu ceilalti?	☐	☐	☐	☐	☐
36. V-ati simtit ignorat de ceilalti?	☐	☐	☐	☐	☐
37. Ati avut crampe sau spasme musculare dureroase?	☐	☐	☐	☐	☐
38. Ati avut senzatii neplacute sau dureri in articulatii?	☐	☐	☐	☐	☐
39. Ati simtit neplacut frigul sau caldura?	☐	☐	☐	☐	☐

Va rugam sa verificati daca ati bifat <u>o singura casuta pentru fiecare intrebare</u>

BP CHESTIONAR PENTRU SNM

Nume: …… Data: …… Varsta: ……..

Centrul ID: Masculin Feminin

PROBLEME NON-MOTORII LA PARKINSONIENI

Sunt binecunoscute la parkinsonieni simptomele motorii. Totusi, uneori pot apare alte probleme in cadrul bolii sau legate de tratamentul ei. Este important ca doctorul sa le cunoasca, mai ales daca ele sunt deranjante pentru dumneavoastra.

Mai jos sunt redate o serie de astfel de probleme. Va rog sa bifati casuta „DA" daca vi s-au intamplat **in ultima luna**. Medicul si asistenta va vor adresa cateva intrebari ajutatoare. Daca **nu** ati avut probleme in ultima luna bifati casuta „NU". Raspundeti cu „NU" si daca ati avut problemele respective in trecut dar nu in ultima luna.

In ultima luna ati avut vreuna din urmatoarele?

	DA	NU
1. Scurgerea salivei in timpul zilei……..	☐	☐
2. Pierderea sau modificarea capacitatii de a simti gustul sau mirosul…….…….	☐	☐
3. Dificultati la inghitirea alimentelor sau bauturilor sau probleme cu inecatul……	☐	☐
4. Varsaturi sau senzatie de voma (greata)….……	☐	☐
5. Constipatie (mai putin de 3 scaune pe saptamana) sau nevoia de a se screme…..……	☐	☐
6. Incontinenta pentru materii fecale……..	☐	☐
7. Sentimentul golirii incomplete a intestinelor dupa ce ati fost la toaleta……	☐	☐
8. Senzatia de iminenta mictionala va grabeste spre toaleta…….	☐	☐
9.Trezirea cu regularitate in timpul noptii pentru a urina…….…….	☐	☐
10.Durere inexplicabila (care nu se datoreaza unor conditii cunoscute cum este artrita)…..…..	☐	☐
11.Modificare inexplicabila a greutatii (care nu se datoreaza modificarii dietei)……..……	☐	☐
12.Tulburari in reamintirea lucrurilor intamplate recent sau uitarea a ceea ce are de facut……..…	☐	☐
13.Pierderea interesului pentru evenimentele din jur sau pentru a face ceva…….……	☐	☐
14.Vederea sau auzirea unor lucruri despre care stii sau ti se spune ca nu exista……..…..	☐	☐
15.Dificultati de concentrare sau de mentinere a atentiei…….……	☐	☐

	DA	NU
16.Sentimentul de a fi trist, umil sau melancolic…….	☐	☐
17.Sentimentul de a fi anxios, speriat sau panicat…….…..…	☐	☐
18.Sentimentul de a fi mai putin sau mai mult interesat de sex…….……...……	☐	☐
19.Dificultati in efectuarea actului sexual atunci cand ati incercat……..…..	☐	☐
20.Sentimentul de cap gol, ameteala sau slabiciune la ridicarea din sezut sau decubit...	☐	☐
21.Caderi…….…..…..	☐	☐
22.Dificultate in a sta treaz in timpul unor activitati ca serviciu, condus, mancat……..…	☐	☐
23.Dificultati de a adormi noaptea si de a mentine somnul……..……..	☐	☐
24.Vise intense, agitate sau inspaimantatoare…...	☐	☐
25 Vorbire sau gesticulare prin somn ca si cum ati „interpreta" visul……....	☐	☐
26.Senzatii neplacute in picioare noaptea sau in timp ce va odihniti si sentimentul de nevoie de miscare……..……...	☐	☐
27.Umflarea picioarelor….……..……	☐	☐
28.Transpiratie excesiva……..….…….	☐	☐
29.Vedere dubla……..…….……..	☐	☐
30.Convingerea ca vi se intampla lucruri despre care ceilalti spun ca nu sunt adevarate…....…	☐	☐

Toate informatiile pe care ni le-ati furnizat vor fi confidentiale si vor fi folosite doar in scopul pentru care au fost colectate. Informatiile furnizate vor fi folosite pentru monitorizare. Datele dumneavoastra personale vor fi procesate si pastrate in conformitate cu Data Protection Act 1998.

Efectuata si validata de International PD Non Motor Group

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Scala de evaluare a simptomelor non-motorii in boala Parkinson

Pacient Nr. _____ **Initiale** _____ **Varsta** _____

Evaluarea simptomelor din ultima luna. Punctarea fiecarui simptom va respecta :
Severitatea: 0 = Fara; 1 = Usoara: simptome prezente dar care produc usoara jena sau disconfort pacientului; 2 = Moderata; oarecare jena sau disconfort pentru pacient; 3= Severa: sursa majora de jena sau disconfort pentru pacient.
Frecventa: 1 = Rar (<1/sapt); 2 = Adesea (1/sapt); 3 = Frecvent (de mai multe ori pe saptamana); 4 = Foarte frecvent (zilnic sau tot timpul)

Domeniile vor fi judecate diferentiat. Raspunsurile DA/NU nu vor fi incluse in calculul final frecventa x severitate.
(Textul din paranteza intrebarilor din scala este inclus ca si o explicatie ajutatoare).

	Severitate	Frecventa	Frecventa x Severitate
Domeniul 1: Tractul gastrointestinal			
1. Pacientului ii curge saliva pacientului in timpul zilei?	☐	☐	☐
2. Pacientul are dificultati la inghitit?	☐	☐	☐
3. Pacientul sufera de constipatie? (Tranzit intestinal de mai putin de trei ori pe saptamana)	☐	☐	☐
PUNCTAJ:			☐
Domeniul 2: Durerea			
4. Pacientul sufera de durere neexplicata de alte conditii cunoscute? (Este legata de administrarea de medicamente si este ameliorata de medicatia antiparkinsoniana?)	☐	☐	☐
PUNCTAJ:			☐
Domeniul 3: Mictiunea			
5. Pacientul are dificultati in tinerea urinii? (Iminenta)	☐	☐	☐
6. Pacientul e nevoit sa urineze la mai putin de 2 ore de la ultima mictiune? (Frecventa)	☐	☐	☐
7. Pacientul e nevoit sa se trezeasca regulat noaptea pentru a urina? (Nicturia)	☐	☐	☐
PUNCTAJ:			☐
Domeniul 4: Cardiovascular incluzand si caderile			
8. Pacientul a avut eclipse vizuale, ameteala, slabiciune la ridicarea in picioare din pozitiz sezut sau din decubit dorsal?	☐	☐	☐
9. Pacientul a cazut prin lipotimie sau sincopa?	☐	☐	☐
PUNCTAJ:			☐
Domeniul 5: Functia sexuala			
10. Pacientul si=a pierdutinteresului pentru sex? (Descresterea sau cresterea foarte mare,va rugam sa subliniati)	☐	☐	☐
11. Pacientul are probleme in timpul actului sexual?	☐	☐	☐
PUNCTAJ:			☐
Domeniul 6: Somnul/fatigabilitatea			
12. Pacientul atipeste sau adoarme fara sa vrea in timpul activitatilor zilnice? (De exemplu, in timpul conversatiei, in timpul mesei, sau in timp ce se uita la televizor sau citeste).	☐	☐	☐
13. Fatigabilitatea (oboseala) sau lipsa de energie (nu lentoarea) limiteaza activitatile zilnice ale pacientului?	☐	☐	☐
14. Pacientul are dificultati in a adormi sau a-si mentine somnul?	☐	☐	☐

Scala de evaluare a simptomelor non-motorii

	Severitat	Frecventa	Frecventa x Severitate
15. Pacientul este constient sau i s-a spus ca vorbeste in timpul somnului sau ca se misca, ca si cum ar trai visul?	☐	☐	☐
16. Pacientul a avut vreodata senzatia de imperiozitate de a-si misca picioarele sau de picioare nelinistite, in timp ce statea in repaus in sezut sau intins, care s-a ameliorat la miscare?	☐	☐	☐
PUNCTAJ:			☐
Domeniul 7: Halucinatii/iluzii			
17. Pacientul/pacienta a afirmat ca vede lucruri care nu sunt in realitate?	☐	☐	☐
18. Pacientul are pareri despre care Dvs. stiti ca nu sunt adevarate (De exemplu, sa fie ranit, jefuit sau necredincios)	☐	☐	☐
PUNCTAJ:			☐
Domeniul 8: Apatie/ atentie/ memorie			
19. Pacientul si-a pierdut interesul pentru ceea ce il inconjoara?	☐	☐	☐
20. Pacientul si-a pierdut interesul in a face lucruri sau ii lipseste motivatia sa inceapa activitati noi?	☐	☐	☐
21. Pacientul pare uluit sau inconstient de ceea ce se petrece? (Nu atunci cand este atipit sau adormit).	☐	☐	☐
22. Pacientul are probleme in mentinerea concentrarii in timpul activitatilor? (De exemplu, cititul sau conversatia).	☐	☐	☐
23. Pacientul uita ceea ce i s-a spus de putin timp sau evenimentele care s-au petrecut in ultimile zile?	☐	☐	☐
24. Pacientul uita ce are de facut? (De exemplu, sa-si ia tabletele sau sa inchida dispozitivele casnice)	☐	☐	☐
PUNCTAJ:			☐
Domeniul 9: Depresie/anxietate/anhedonie			
25. pacientul se simte nervos, ingrijorat sau speriat fara motiv intemeiat?	☐	☐	☐
26. pacientul se simte trist sau deprimat sau a acuzat astfel de sentimente?	☐	☐	☐
27. Pacientul are stari monotone, fara variatii normale de „ridicari" si „coborari"?	☐	☐	☐
28. Pacientul are dificultati in a simti placere in activitatile obisnuite sau relateaza ca le lipseste placerea?	☐	☐	☐
PUNCTAJ:			☐
Domeniul 10: Diverse			
29. Pacientul a avut vreodata vedere dubla?	☐	☐	☐
30. Pacientul a relatat despre modificarea gustului sau mirosului?	☐	☐	☐
31. Pacientul a relatat despre modificarea recenta a greutatii (nelegata de dieta)?	☐	☐	☐
32. Pacientul transpira excesiv?	☐	☐	☐
PUNCTAJ:			☐
PUNCTAJ TOTAL:			☐

The RBD1Q consists of a single question, answered ‘‘**yes**’’ or ‘‘**no**,’’ as follows:
‘‘Have you ever been told, or suspected yourself, that you seem to ‘act out your dreams’ while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?’’

CHESTIONAR AL TULBURĂRII DE SOMN REM

A. Sursa informării: 1 = Pacient, 2 = Îngrijitor, 3 = Pacient şi îngrijitor A. ☐

1. Uneori am vise foarte agitate. (0 = Nu, 1 = Da) 1. ☐

2. Visele mele au frecvent un conţinut agresiv sau plin de acţiune (0 = Nu, 1 = Da) 2. ☐

3. Conţinutul viselor mele corespunde comportamentului meu nocturn (0 = Nu, 1 = Da) 3. ☐

4. Ştiu că mâinile şi picioarele mele se mişcă în timpul somnului (0 = Nu, 1 = Da) 4. ☐

5. De aceea s-a întâmplat (aproape) să-mi lovesc partenerul sau pe mine (0 = Nu, 1 = Da) 5. ☐

6. Am sau am avut următoarele fenomene în cursul viselor:

6.1. să vorbesc, să ţip, să gem, să râd tare (0 = Nu, 1 = Da) 6.1. ☐

6.2. mişcări bruşte ale membrelor, "lupte" (0 = Nu, 1 = Da) 6.2. ☐

6.3. gesturi, mişcări complexe ce sunt inutile în timpul somnului, de exemplu, să agit mâna, să salut, să alung ţânţari, să cad din pat (0 = Nu, 1 = Da) 6.3. ☐

6.4. lucruri care cad în jurul patului, de exemplu lampă, carte, pahare (0 = Nu, 1 = Da) 6.4. ☐

7. S-a întâmplat ca mişcările mele să mă trezească (0 = Nu, 1 = Da) 7. ☐

8. După ce mă trezesc îmi amintesc aproape complet conţinutul viselor mele (0 = Nu, 1 = Da) 8. ☐

9. Somnul meu este frecvent întrerupt (0 = Nu, 1 = Da) 9. ☐

10. Eu am/am avut o boală a sistemului nervos: (0 = Nu, 1 = Da)

10a. accident vascular cerebral	10a.	☐
10b. traumatism cranian	10b.	☐
10c. parkinsonism	10c.	☐
10d. sindromul picioarelor neliniştite	10d.	☐
10e. narcolepsie	10e.	☐
10f. depresie	10f.	☐
10g. epilepsie	10g.	☐
10h. boală inflamatorie a creierului	10h.	☐
10i. altele, specificaţi:_____	10i.	☐

BDI-II
Data:
Nume:
Stare civilă:
Vârstă:
Sex:
Ocupaţie:
Studii:

Instrucţiuni: acest chestionar este alcătuit din 21 de grupuri de afirmaţii.Vă rugam citiţi fiecare grup de afirmaţii şi alegeţi **0 afirmaţie** din fiecare grup care descrie cel mai bine felul în care v-aţi simţit în **ultimele două săptămâni, inclusiv astăzi.**încercuiţi numărul din dreptul afirmaţiei pe care o alegeţi. Dacă vi se pare că într-un grup există mai multe afirmaţii care se potrivesc la fel de bine, încercuiţi numărul cel mai mare.Asiguraţi-vă că nu aţi ales mai mult de o afirmaţie pentru fiecare grup, inclusiv la Punctul 16 (Modificări ale tipului de somn) sau Punctul 18 (modificări ale apetitului).

1. Tristeţe
0 Nu mă simt trist
1 Mă simt trist o mare parte din timp
2 Sunt trist tot timpul
3 Sunt atât de trist sau nefericit încât nu mai suport

2. Pesimism
0 Nu sunt descurajat de viitorul meu
1 Mă simt mai descurajat de viitorul meu decât obişnuiam să fiu
2 Nu mă aştept ca problemele mele să se rezolve
3 Simt că viitorul meu este lipsit de speranţă şi va fi numai rău

3. Eşecuri în trecut
0 Nu mă simt ca o persoană ratată
1 Am avut mai multe eşecuri decât ar fi trebuit
2 Când îmi analizez trecutul văd o mulţime de eşecuri
3 Simt că sunt o persoană complet ratată

4. Pierderea plăcerii
0 Simt aceeaşi plăcere ca întotdeauna când fac lucruri care îmi plac
1 Nu mai simt aceeaşi plăcere precum obişnuiam
2 Simt foarte puţină plăcere de pe urma lucrurilor care obişnuiau să-mi placă
3 Nu mai simt nici o plăcere de pe urma lucrurilor care obişnuiau să-mi placă

5. Sentimente de vinovăţie
0 Nu mă simt vinovat
1 Mă simt vinovat de multe lucruri pe care le-am făcut sau pe care ar fi trebuit să le fac
2 Mă simt destul de vinovat majoritatea timpului
3 Mă simt vinovat tot timpul

6. Sentimentul de a fi pedepsit
0 Nu simt că sunt pedepsit
1 Simt că aş putea fi pedepsit
2 Mă aştept să fiu pedepsit
3 Simt că sunt pedepsit

7. Insatisfacţia de sine
0 Am aceleaşi sentimente faţă de mine ca dintotdeauna
1 Mi-am pierdut încrederea în mine
2 Sunt dezamăgit de mine
3 Nu-mi place de mine

8. Auto-critică
0 Nu mă auto-critic sau învinovăţesc mai mult decât de obicei
1 Sunt mai critic faţă de mine însumi decât obisnuiam să fiu
2 Îmi fac auto-critică pentru defectele mele
3 Mă învinovăţesc pentru toate lucrurile rele care se întâmplă

9. Gânduri sau dorinţe suicidare
0 Nu am nici un gând de a mă sinucide
1 Am gânduri de a mă sinucide, dar nu le-aş pune în practică
2 Aş dori să mă sinucid
3 M-aş sinucide dacă aş avea ocazia

10. Plâns
0 Nu plâng mai mult decât obişnuiam
1 Plâng mai mult decât obişnuiam
2 Plâng din cauza fiecărui lucru neînsemnat
3 Îmi vine să plâng dar nu pot

11. Agitaţie
0 Nu sunt mai neliniştit sau încordat ca de obicei
1 Mă simt mai neliniştit sau încordat ca de obicei
2 Sunt atât de neliniştit sau agitat încât mi-e greu să stau într-un singur loc
3 Sunt atât de neliniştit sau agitat încât trebuie să mă mişc sau să fac ceva tot timpul

12. Pierderea interesului
0 Nu mi-am pierdut interesul faţă de alte persoane sau activităţi
1 Sunt mai puţin interesat de alte persoane sau lucruri decât înainte
2 Mi-am pierdut majoritatea interesului faţă de alte persoane sau lucruri
3 Îmi vine greu să mai fiu interesat de orice

13. Incapacitatea de a lua decizii
0 Iau decizii cam la fel de bine ca întotdeauna
1 Mi se pare mai dificil să iau decizii decât de obicei
2 Mi se pare mult mai dificil să iau decizii decât de obicei

3 Am dificultăţi de a lua orice decizie

14. Lipsa valorii
0 Nu simt că sunt lipsit de valoare
1 Nu mă consider la fel de valoros şi util cum obişnuiam să fiu
2 Mă simt mai lipsit de valoare comparativ cu alţi oameni
3 Mă simt total lipsit de valoare

15. Pierderea energiei
0 Am la fel de multă energie ca întotdeauna
1 Am mai puţină energie decât obişnuiam să am
2 Nu am suficientă energie să fac prea multe lucruri
3 Nu am suficientă energie pentru a face ceva

16. Modificări ale modelului somnului
0 Nu am simţit nici o modificare a modelului somnului
1a Dorm puţin mai mult decât de obicei
1b Dorm ceva mai puţin decât de obicei
2a Dorm mult mai mult decât de obicei
2b Dorm mult mai puţin decât de obicei
3a Dorm cea mai mare parte a zilei
3b Mă trezesc cu 1-2 ore mai devreme şi nu mai pot readormi

17. Iritabilitate
0 Nu sunt mai iritabil decât de obicei
1 Sunt mai iritabil decât de obicei
2 Sunt mult mai iritabil decât de obicei
3 Sunt iritabil tot timpul

18. Modificări ale apetitului
0 Nu am simţit nici o modificare a apetitului
1a Apetitul meu este puţin mai mic ca de obicei
1b Apetitul meu este puţin mai mare ca de obicei
2a Apetitul meu este mult mai mic decât înainte
2b Apetitul meu este mult mai mare ca de obicei
3a Nu am apetit deloc
3b Am pofta de mâncare tot timpul

19. Dificultăţi de concentrare
0 Mă pot concentra la fel de bine ca întotdeauna
1 Nu mă pot concentra la fel de bine ca întotdeauna
2 Îmi este foarte greu să rămân concentrat asupra unui lucru timp îndelungat
3 Constat că nu mă pot concentra asupra nici unui lucru

20. Oboseală sau plictiseală
0 Nu sunt mai obosit sau plictisit ca de obicei

1 Obosesc sau mă plictisesc mult mai uşor decât de obicei
2 Sunt prea obosit sau plictisit să mai fac o mulţime de lucruri pe care obişnuiam să le fac
3 Sunt prea obosit sau plictisit să mai fac majoritatea lucrurilor pe care obişnuiam să le fac

21. Pierderea interesului faţă de sex

0 Nu am observat nici o modificare recentă a interesului meu faţă de sex
1 Sunt mai puţin interesat de sex decât obişnuiam să fiu
2 Sunt mult mai puţin interesat de sex acum
3 Mi-am pierdut complet interesul faţă de sex.

Scala de anxietate și depresie în spital (HADS)

Bifați caseta de lângă răspunsul cel mai apropiat de modul în care v-ați simțit în ultima săptămână.

D	A		D	A	
		Mă simt tensionat sau lichidat			**Mă simt de parcă aș fi încetinit:**
	3	De cele mai multe ori	3		Aproape tot timpul
	2	O mare parte din timp	2		Foarte des
	1	Din când în când, ocazional	1		Uneori
	0	Deloc	0		Deloc
		Mă bucur încă de lucrurile de care obișnuiam sa mă bucur:			**Am un sentiment înspăimântător de "fluturi" în stomac:**
0		Cu siguranță la fel de mult		0	Deloc
1		Nu atât de mult		1	Ocazional
2		Doar puțin		2	Destul de des
3		Apoape deloc		3	Foarte des
		Am un sentiment înspăimântător ca și cum s-ar întâmpla ceva îngrozitor:			**Am pierdut interesul pentru aspectul meu:**
	3	Foarte sigur și destul de rău	3		Categoric
	2	Da, dar nu prea rău	2		Nu mă îngrijorează așa de mult cum ar trebui
	1	Un pic, dar nu mă îngrijorează	1		S-ar putea să nu mă îngrijorez prea mult
	0	Deloc	0		Îmi pasă la fel de mult ca în ajun
		Pot să râd și să văd partea amuzantă a lucrurilor:			**Mă simt neliniștit, deoarece trebuie să fiu în mișcare:**
0		Atât cât am putut întotdeauna		3	Foarte mult ,într-adevăr
1		Nu prea mult acum		2	Destul de mult
2		Cu siguranta nu atat de mult acum		1	Nu foarte mult
3		Deloc		0	Deloc
		Îmi trec gânduri îngrozitoare prin minte:			**Aștept cu plăcere lucrurile:**
	3	Cea mai mare parte din timp	0		La fel de mult ca niciodată
	2	O mare parte din timp	1		Mai degrabă mai puțin decât am obișnuit
	1	Din când în când, dar nu prea des	2		Cu siguranta mai putin decat am obisnuit
	0	Doar ocazional	3		Aproape deloc
		Mă simt vesel:			**Am brusc sentimente de panică:**
3		Deloc		3	De foarte multe ori într-adevăr
2		Nu des		2	Destul de des
1		Uneori		1	Nu foarte des
0		De cele mai multe ori		0	Deloc

		Pot să stau liniștit și să mă simt relaxat:			**Mă pot bucura de o carte bună sau de un program radio sau TV:**
	0	Categoric	0		De multe ori
	1	De obicei	1		Uneori
	2	Nu des	2		Nu de multe ori
	3	Deloc	3		Foarte rar

Scor:

Scorul total: Depresia (D) _____ Anxietatea (A) _____

0-7 = Normal

8-10 = Anormal de margine (limită)

11-21 = Anormal (caz)

Nume_____
Data_____

Evaluarea calității somnului (PSQI)

Ce este PSQI și ce măsoară?

Indicele de calitate a somnului Pittsburgh (PSQI) este un instrument eficient folosit pentru a măsura calitatea și tiparele somnului la adulți. Se diferențiază somnul ”sărac „ de somnul ”bun„ prin măsurarea celor 7 componente: calitatea somnului subiectiv, latența somnului, durata somnului, eficiența somnului obișnuit, tulburările de somn, utilizarea medicamentelor pentru somn și disfuncția în timpul zilei în ultima lună.

INSTRUCȚIUNI:

Următoarele întrebări se referă la obiceiurile de somn obișnuite numai în ultima lună. Răspunsurile dvs. ar trebui să indice cel mai corect răspuns pentru majoritatea zilelor și nopților din ultima lună. Răspundeți la toate întrebările.

În ultima lună,

1. De obicei la ce ora v-ati culcat? _____
2. Cat timp (in minute) v-a luat pentru a adormi ? _____
3. La ce ora ati ajuns de obicei dimineata? _____
4. a.cate ore de somn efectiv aveti pe noapte? _____
   b.cat timp petreceti noaptea in pat ? _____

5. În ultima lună, cât de des ați avut probleme de somn pentru că dvs	Nu în ultima lună (0)	Mai putin de o data pe saptamana (1)	O data sau de 2 ori pe saptamana (2)	De 3 sau mai multe ori pe saptamana (3)
A.Nu puteti dormi in 30 min				
B.Va treziti in mijlocul noptii sau dimineta devreme				
C.Trebuie sa va ridicati sa folositi baia				
D.Nu puteti respira confortabil				
E.Tusiti sau sforaiti tare				
F.Simtiti ca va e frig				

G.Simtiti ca va e cald				
I.Aveti dureri				
J.Alte motive, va rugam sa le descrieti				
6.In ultima luna, cat de des ati luat medicamente (prescrise sau nu de doctor) pentru a adormi?				
7.In ultima luna, cat de des ati avut probleme sa stati treaz in timp ce conduceati, mancati sau erati implicat in alte activitati sociale?				
8. În ultima lună, cât de mult a fost o problemă pentru dvs să va păstrati entuziasmul pentru a termina anumite activitati ?				
9.In ultima luna, cum ati evalua calitatea somnului in ansamblu?	Foarte buna (0)	Destul de buna (1)	Destul de rea (2)	Foarte rea (3)

Un scor total de "5" sau mai mare indică o calitate slabă a somnului.
Dacă ați marcat "5" sau mai mult, este sugerat să discutați obiceiurile de somn cu un furnizor de asistență medicală.

Scor global PSQI_____

Un scor total de "5" sau mai mare indică o calitate slabă a somnului.
Dacă ați marcat "5" sau mai mult, este sugerat să discutați obiceiurile de somn cu un furnizor de asistență medicală.

Scala de Somn în Boala Parkinson
Parkinson's Disease Sleep Scale (PDSS-2)

Va rugăm evaluaţi severitatea următoarelor bazat pe experienţa Dvs. În timpul ultimei săptămâni (7 zile). Vă rugăm să faceţi o cruce în chenarul de răspuns.

1) Per ansamblu, aţi dormit bine în timpul ultimei săptămâni?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐0	☐1	☐2	☐3	☐4

2) Aţi avut dificultăţi de a adormi în fiecare noapte?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

3) Aţi avut dificultăţi să dormiţi?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

4) Aţi avut nelinişte a membrelor inferioare sau braţelor noaptea care a cauzat întreruperea somnului?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

5) A fost deranjat somnul Dvs. Datorită necesităţii de a mişca membrele inferioare sau braţele?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

6) Aţi suferit de vise neplăcute noaptea?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

7) Aţi suferit de halucinaţii deranjante noaptea (văzand sau auzind lucruri de care vi s-a spus că nu există)?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

8) V-aţi trezit noaptea să urinaţi?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

9) Vă simţiţi neconfortabil noaptea deoarece aţi fost incapabil să vă întoarceţi în pat sau să vă mişcaţi datorită imobilităţii?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

10) Aţi simţit durere în breţele sau membrele inferioare care v-au trezit noaptea din somn?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

11) Aţi avut crampe musculare în breţele sau membrele inferioare care v-au trezit în timp ce dormeaţi noaptea?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

12) Vă treziţi dimineaţa cu posturi dureroase ale breţelor şi membrelor inferioare?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

13) În timpul mersului, aţi avut tremor?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

14) V-aţi simţit obosit sau somnoros după trezire dimineaţa?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

15) V-aşi trezit noaptea datorită sforăitului sau dificultăţilor cu respiraţia?

Foarte des	**Des**	**Uneori**	**Ocazional**	**Niciodata**
(Aceasta inseamna 6-7 zile/saptamana)	(Aceasta inseamna 4-5 zile/saptamana)	(Aceasta inseamna 2-3 zile/saptamana)	(Aceasta inseamna 1 zi/saptaman)	
☐4	☐3	☐2	☐1	☐0

Appendix 2. English, Spanish, French and Dutch versions of the PAS

Copyright of this scale and it translations is held by the authors (Leentjens AFG, Dujardin K, Pontone GM, Starkstein SE, Weintraub D, and Martinez-Martin P; 2014). The scale and its translations are in the public domain and may be used without additional permission and free of charge on the condition that it's source is referenced.

The Parkinson Anxiety Scale (PAS); English version

A. Persistent anxiety

Please mark one circle for each item below

In the past four weeks, to what extent did you experience the following symptoms?

A.1. Feeling anxious or nervous

- o Not at all, or never
- o Very mild, or rarely
- o Mild, or sometimes
- o Moderate, or often
- o Severe, or (nearly) always

A.2. Feeling tense or stressed

- o Not at all, or never
- o Very mild, or rarely
- o Mild, or sometimes
- o Moderate, or often
- o Severe, or (nearly) always

A.3. Being unable to relax

- o Not at all, or never
- o Very mild, or rarely
- o Mild, or sometimes

- Moderate, or often
- Severe, or (nearly) always

A.4. Excessive worrying about everyday matters

- Not at all, or never
- Very mild, or rarely
- Mild, or sometimes
- Moderate, or often
- Severe, or (nearly) always

A.5. Fear of something bad, or even the worst, happening

- Not at all, or never
- Very mild, or rarely
- Mild, or sometimes
- Moderate, or often
- Severe, or (nearly) always

B. Episodic anxiety

Please mark one circle for each item below

In the past four weeks, did you experience episodes of the following symptoms?

B.1. Panic or intense fear

- Never
- Rarely
- Sometimes
- Often
- Nearly always

B.2. Shortness of breath

- Never
- Rarely
- Sometimes
- Often
- Nearly always

B.3. Heart palpitations or heart beating fast (not related to physical effort or activity)

- o Never
- o Rarely
- o Sometimes
- o Often
- o Nearly always

B.4. Fear of losing control

- o Never
- o Rarely
- o Sometimes
- o Often
- o Nearly always

C. Avoidance behavior

Please mark one circle for each item below

In the past four weeks, to what extent did you fear or avoid the following situations?

C.1. Social situations (where one may be observed, or evaluated by others, such as speaking in public, or talking to unknown people)

- o Never
- o Rarely
- o Sometimes
- o Often
- o Nearly always

C.2. Public settings (situations from which it may be difficult or embarrassing to escape, such as queues or lines, crowds, bridges, or public transportation)

- o Never
- o Rarely
- o Sometimes
- o Often
- o Nearly always

C.3. Specific objects or situations (such as flying, heights, spiders or other animals, needles, or blood)

- Never
- Rarely
- Sometimes
- Often
- Nearly always

Chestionar despre înghețarea mersului:

Toate răspunsurile, cu excepția răspunsului la întrbarea 3 ar trebui să fie bazate pe simptomatologia din ultimele 3 săptămâni.
Acest chestionar ar trebui completat de către cercetător după ce acesta i-a demonstrat pacientului fenomenul de înghețare, acolo unde este cazul.

1. *În timpul simptomatologiei cele mai grave mersul dumneavoastra a fost*:
0. normal
1. aproape normal - oarecum încet
2. încet, dar total independent
3. ați avut nevoie de ajutor sau de cadru
4. nu ați putut merge

2. *Dificultățile de mers vă afectează activitățile zilnice și independența?*
0. deloc
1. ușor
2. moderat
3. sever
4. nu ați putut merge

3. *Vă simtiți picioarele lipite de podea atunci când mergeți, faceți giația sau când încercați să inițiați mersului (înghețare)?*
0. niciodată
1. foarte rar - aproximativ o dată pe lună
2. rar - aproximativ o dată pe săptămână
3. des - aproximativ o dată pe zi
4. întotdeauna - de fiecare dată când mergeți

4. *Care este durata cea mai mare a episodului de înghețare a mersului?*
0. niciodată nu vi s-a întâmplat
1. 1-2 secunde
2. 3-10 secunde
3. 11-30 secunde
4. imposibilitate de a merge pentru mai mult de 30 secunde

5. Care este durata episodului de ezitare la inițiere a mersului (înghețare la inițierea primului pas)?
0. deloc
1. durează mai mult de 1 secundă pentru a inița mersul
2. durează mai mult de 3 secunde pentru a inița mersul
4. durează mai mult de 10 secunde pentru a inița mersul
5. durează mai mult de 30 de secunde pentru a inița mersul

6. Care este durata episodului de ezitare la efectuare giației (înghețare la giație)?
0. deloc
1. reluarea giației în 1-2 secunde
2. reluarea giației în 3-10 secunde
3. reluare giației în 11-30 secunde
4. imposibilitatea de a relua giația pentru mai mult de 30 de secunde

Reproducere din Giladi et al. Parkinsonism relat disord 2000; 6:165-170

SCOPA-AUT

Prin intermediul acestui chestionar, dorim sa aflam cat de mult ati avut tulburari ale diverselor functii ale organismului, ca de exemplu dificultati ale urinarii sau transpiratii excesive, in ultima luna. Raspundeti la urmatoarele intrebari prin bifarea casutei care corespune cel mai bine situatiei in care va aflati dumneavoastra. Daca doriti sa schimbati un raspuns, umpleti casuta sau raspunsul „gresit" si bifati in casuta care corespunde raspunsului corect. Daca in ultima luna ati utilizat medicamente care privesc problemele mentionate, atunci intrebarile se refera la modul in care va simteati in timpul tratamentului. Puteti nota medicatia pe ultima pagina a chestionarului.

1. In ultima luna ati avut dificultati la inghitire sau v-ati inecat?

☐	☐	☐	☐
niciodata	uneori	regulat	des

2. In ultima luna v-i s-a prelins vreodata saliva din gura?

☐	☐	☐	☐
niciodata	uneori	regulat	des

3. In ultima luna v-i s-a intamplat sa se blocheze mancarea in gat?

☐	☐	☐	☐
niciodata	uneori	regulat	des

4. In ultima luna ati avut vreodata senzatia ca v-ati saturat <u>foarte repede</u> in timpul unei mese?

☐	☐	☐	☐
niciodata	uneori	regulat	des

5. Constipatia reprezinta blocarea intestinului, o stare in care cineva are un scaun de 2 sau mai putine ori pe saptamana. In ultima luna ati avut probleme cu constipatia?

☐	☐	☐	☐
niciodata	uneori	regulat	des

6. In ultima luna ati depus eforturi mai mari pentru a elimina materiile fecale?

☐	☐	☐	☐
niciodata	uneori	regulat	des

7. In ultima luna, ati avut vreodata pierderi involuntare de materii fecale?

☐	☐	☐	☐
niciodata	uneori	regulat	des

Intrebarile de la 8 la 13 sunt legate de emisia de urina. Daca utilizati un cateter, bifati casuta corespunzatoare raspunsului *„am cateter”*.

---

8. In ultima luna ati avut dificultati in a retine urina?

☐	☐	☐	☐	☐
niciodata	uneori	regulat	des	*Am cateter*

9. In ultima luna ati avut pierderi involuntare de urina?

☐	☐	☐	☐	☐
niciodata	uneori	regulat	des	*Am cateter*

10. In ultima luna ati avut senzatia ca dupa urinare vezica urinara nu a fost complet golita?

☐	☐	☐	☐	☐
niciodata	uneori	regulat	des	*Am cateter*

11. In ultima luna jetul urinar a fost mai slab?

☐	☐	☐	☐	☐
niciodata	uneori	regulat	des	*Am cateter*

12. In ultima luna a trebuit sa urinati din nou intr-un interval mai mic de 2 ore de la ultima urinare?

☐	☐	☐	☐	☐
niciodata	uneori	regulat	des	*Am cateter*

13. In ultima luna ati urinat vreodata noaptea?

☐	☐	☐	☐	☐
niciodata	uneori	regulat	des	*Am cateter*

14. In ultima luna, când v-ati ridicat in picioare, ati avut senzatia fie ca ametiti, fie ca nu mai puteti vedea bine, fie ca nu mai puteti gandi clar?

☐	☐	☐	☐
niciodata	uneori	regulat	des

15. In ultima luna ati fost vreodata ametit dupa ce ati stat un timp in picioare?

☐	☐	☐	☐
niciodata	uneori	regulat	des

16. Ati lesinat vreodata in ultimele 6 luni?

☐ niciodata ☐ uneori ☐ regulat ☐ des

17. In ultima luna ati transpirat vreodata excesiv in timpul zilei?

☐ niciodata ☐ uneori ☐ regulat ☐ des

18. In ultima luna ati transpirat vreodata excesiv in timpul noptii?

☐ niciodata ☐ uneori ☐ regulat ☐ des

19. In ultima luna ochii D-voastra au fost vreodata foarte sensibili la lumina stralucitoare?

☐ niciodata ☐ uneori ☐ regulat ☐ des

20. In ultima luna cat de des ati avut probleme in a suporta frigul?

☐ niciodata ☐ uneori ☐ regulat ☐ des

21. In ultima luna cat de des ati avut probleme in a suporta caldura?

☐ niciodata ☐ uneori ☐ regulat ☐ des

Urmatoarele intrebari sunt legate de sexualitate. Cu toate ca suntem constienti ca sexualitatea este un subiect extrem de intim, totusi am dori sa ne raspundeti la urmatoarele intrebari. Pentru intrebarile legate de activitatea sexuala, luati in considerare orice forma de contact sexual cu un partener sau masturbare. S-a mai adaugat o posibilitate de raspuns la variantele deja existente. In acest fel, puteti indica faptul ca situatia indicata in enuntul intrebarii nu este aplicabila D-voastra in ultima luna deoarece ati fost inactiv(a) sexual in aceasta perioada. Intrebarie 22 si 23 sunt adresate barbatilor, iar intrebarile 24 si 25 sunt adresate femeilor.

Urmatoarele 3 intrebari sunt adresate in exclusivitate barbatilor

22. In ultima luna ati fost incapabil sa aveti sau sa mentineti o erectie?

☐ niciodata ☐ uneori ☐ regulat ☐ des ☐ *nu e aplicabil*

23. In ultima luna cat de des nu ati putut ejacula?

☐ niciodata ☐ uneori ☐ regulat ☐ des ☐ *nu e aplicabil*

23a. In ultima luna ati luat vreodata medicamente pentru vreo tulburare erectila? Daca da, ce medicamente?

☐ nu ☐ da: _____

Continuati cu intrebarea 26

Urmatoarele 2 intrebari sunt adresate in exclusivitate femeilor

24. In ultima luna vaginul D-voastra a fost prea uscat in timpul unui act sexual?

☐ niciodata ☐ uneori ☐ regulat ☐ des ☐ *nu e aplicabil*

25. In ultima luna ati avut vreodata dificultati in atingerea orgasmului?

☐ niciodata ☐ uneori ☐ regulat ☐ des ☐ *nu e aplicabil*

CONȚINUL, INSTRUCȚIUNILE ȘI PUNCTAJELE VERSIUNII FINALE A SCALEI DE EVALUARE COGNITIVĂ PENTRU BOALA PARKINSON (PD-CRS)

Itemurile sunt administrate subiecților în aceeași ordine prezentată mai jos.

1. MEMORIA VERBALĂ CU REAMINTIRE LIBERĂ IMEDIATĂ.

Instrucțiuni: Subiectul este rugat să citească cu voce tare cuvintele scrise care îi vor fi arătate pe 12 cartoane consecutive. Vor fi efectuate trei probe, iar subiectul este rugat să-și amintească cât mai multe cuvinte posibil după fiecare probă.

Scor: 1 punct pentru fiecare cuvânt amintit. Scorul este cel mai mare număr de cuvinte reamntite în oricare dintre încercări. (0-12)

CUVINTE	
LUMINĂ	
MĂTASE	
NISIP	
GEANĂ	
OREZ	
CRAVATĂ	
TABLĂ DE SCRIS	
BICICLETĂ	
STEA	
LEU	
INEL	
PARFUM	

2. NUMIRE LA PREZENTARE.

Instrucțiuni: Subiectul este rugat să numească desenele prezentate pe 20 de cartoane consecutive. Nu există nici o limită de timp pentru răspuns și este oferită doar o singură încercare. Nu sunt furnizate repere semantice sau fonemice.

Atunci când obiectele sunt incluse în contextul lor (bărbiță, cataramă, coamă, cârlig, clopoțel și copită), examinatorului îi este permis să indice partea desenului care urmează să fie numită.

Scor: *1 punct pentru fiecare desen numit corect. (0-20)*

Imagini (consultați desenele de la sfârșitul anexei)			
BĂRBIȚĂ		CATARAMĂ	
LUMÂNARE		COAMĂ	
CIREȘE		CÂRLIG	
TABURET		ȘURUBELNIȚĂ	
ANCORĂ		PARAVAN	
BROASCĂ ȚESTOASĂ		AC DE SIGURANȚĂ	
ZMEU		CLOPOȚEL	
ACVARIU		COPITĂ	
BEC		STINGĂTOR	
CHITARĂ		ZĂVOR	

3. ATENȚIE DE DURATĂ

Instrucțiuni: Un set de serii ascendente de litere și numere sunt citite subiecților. Subiectul este rugat să raporteze numărul de litere dintr-o secvență. Sunt prezentate zece serii de litere și numere, împărțite în cinci nivele de complexitate crescătoare. Două serii sunt furnizate la începutul testului, ca exercițiu.

		Răspuns corect	
Exemplu	2 L T 8 A 9	2 litere 1 literă	
1	2 P 6 5 4 3 A 6 K L	1 literă 3 litere	
2	B 9 0 4 L T 3 C P 5 7 3	3 litere 2 litere	
3	3 9 5 L 4 Z A I 1 A S Q 4 1	3 litere 4 litere	
4	7 5 D A 4 T B 2 9 6 8 4 3 7 L C	4 litere 2 litere	
5	Z 4 9 A T D 3 8 4 9 5 M D 4 S C 3 E	4 litere 5 litere	

Scor: *1 punct pentru fiecare serie corectă. (0-10)*

4. WORKING MEMORY.

Instrucțiuni: Examinatorul citește cu voce tare o listă randomizată de numere și litere care variază în lungime de la 2 până la 6 litere și numere. După fiecare serie, subiectul este rugat să repete mai întâi numerele și apoi literele . Nu este necesară ordinea crescătoare sau alfabetică.

Acest test se încheie atunci când subiectul nu este capabil să dea răspunsul corect pentru două serii consecutive. Sunt furnizate două serii la începutul testului, ca exercițiu.

Scor: *1 punct pentru fiecare serie corectă. (0-10)*

		Răspuns correct	
Exemplu	L 2 T 8 A 9	2 L T 8 9 A	
1	M 3 7 P	3 M 7 P	
2	G 8 M 9 I 6	8 G M 9 6 I	
3	T 0 4 A 7 V 6 J	0 4 T A 7 6 V J	
4	M 6 4 N I 3 5 S G C	6 4 M N I 3 5 S C G	
5	1 R 9 V B 3 M 2 7 4 Z 9	1 9 3 R V B 2 7 4 9 M Z	

SARCINA DE A DESENA UN CEAS.

DESENAREA LIBERĂ A UNUI CEAS: Subiectul este rugat să deseneze un ceas pe o foaie goală de hârtie și să potrivească acele ceasului la „zece și douăzeci și cinci de minute". (0-10)

SARCINA DE A DESENA UN CEAS.

COPIEREA DESENULUI UNUI CEAS: Pacientul este rugat să copieze ceasul prezentat.
(0-10)

Scor: *1 punct pentru fiecare item corect. (0-10 pentru fiecare sarcină)*

	Liber		**Copiat**	
	Da	**Nu**	**Da**	**Nu**
Desenul seamănă cu un ceas.				
Ceasul nu este împărțit de linii sau sectoare.				
Există o dispoziție simetrică a numerelor.				
Sunt desenate numai numerele de la 1 până la 12.				
Numerele pentru ore sunt ordonate corect.				
Sunt desenate numai două ace de ceas.				
Acele de ceas sunt desenate ca săgeți.				
Orarul este mai scurt decât minutarul. Ora este corectă.				
Nu a fost scris niciun cuvânt.				
Nu a fost desenat numărul „25”.				

7. MEMORIA VERBALĂ CU REAMINTIRE LIBERĂ ÎNTÂRZIATĂ.

CUVINTE	
LUMINĂ	
MĂTASE	
NISIP	
GEANĂ	
OREZ	
CRAVATĂ	
TABLĂ DE SCRIS	
BICICLETĂ	
STEA	
LEU	
INEL	
PARFUM	

Instrucțiuni: Subiectul este rugat să-și amintească cât mai multe cuvinte posibil, din lista de cuvinte prezentate la începutul scalei.

Scor: *1 punct pentru fiecare cuvânt amintit. (0-12)*

8. **FLUENŢA VERBALĂ ANTERNATIVĂ.**

Instrucțiuni: Subiectul este rugat să genereze alternativ, cât mai multe cuvinte diferite posibil care încep cu litera "S" și cuvinte care descriu articolele de îmbrăcăminte, timp de 60 de secunde. Participanții sunt instruiți să nu folosească substantive proprii şi să nu repete acelaşi cuvânt cu o altă terminaţie (de exemplu: înot, înota, înotător).

Scor: *1 punct pentru fiecare răspuns corect, numai în cazul în care a fost menţinută alternanța între cuvinte care încep cu 's' și articole de îmbrăcăminte. (0-20)*

Exemplu pentru evaluator: spațiu, pantaloni, jacheta, seară → scor 3: (are doar una dintre cele două piese de îmbrăcăminte).

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	
19.		20.	
S			

9. **FLUENŢĂ VERBALĂ DE ACŢIUNE.**

Instrucțiuni: Am folosit instrucțiunile enumerate în Piatt et al. (număr de referință 45 în manuscris) pentru sarcina fluenţă verbală de acțiune.

Instrucțiunile sunt după cum urmează: " In decursul a 60 de secunde, aș dori să îmi spuneţi cât mai multe lucruri diferite la care vă puteţi gândi, pe care le fac oamenii. Vreau să nu utilizați acelaşi cuvânt cu terminaţii diferite, cum ar fi mânca, mănâncă, mâncat. De asemenea, spuneţi-mi doar cuvinte simple, cum ar fi mănâncă sau miros, în locul unei propoziții "

Scor: 1 *punct pentru fiecare răspuns corect. (0-30)*

1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

SCORURI

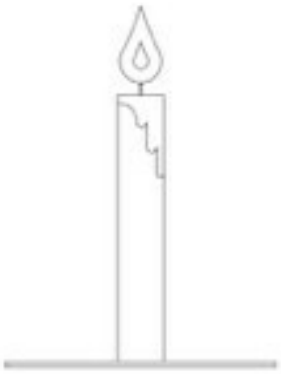
ITEM	Puncte
1. Memoria verbală cu reamintire liberă imediată	/12
2. Numire la prezentare	/20
3. Atenție susținută	/10
4. Memorie de lucru	/10
5. Desenarea liberă a unui ceas	/10
6. Copierea desenului unui ceas	/10
7. Memoria verbală cu reamintire liberă întârziată	/12
8. Fluenţa verbală alternativă	/20
9. Fluenţa verbală de acţiune	/30
Scor FRONTO-SUBCORTICAL	/104
Scor POSTERIOR-CORTICAL	/30
Scorul Total	/134

Scorurile PD-CRS subcortical și cortical au fost obținute prin adunarea scorurilor brute ale elementelor din cadrul fiecărui grup. Scorurile totale ale PD-CRS au fost calculate prin adunarea scorurilor PD-CRS subcortical și cortical.

DESENE

1. BĂRBIȚĂ

2.LUMÂNARE

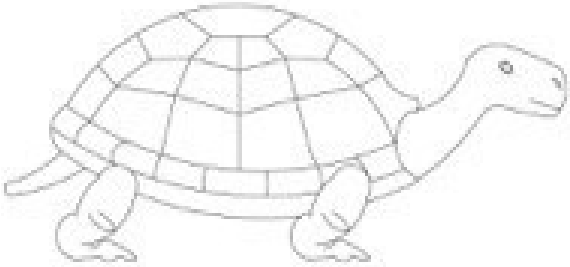


3. CIREȘE

4. TABURET

5. ANCORĂ

6. BROASCĂ ŢESTOASĂ



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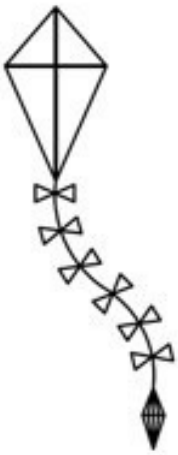

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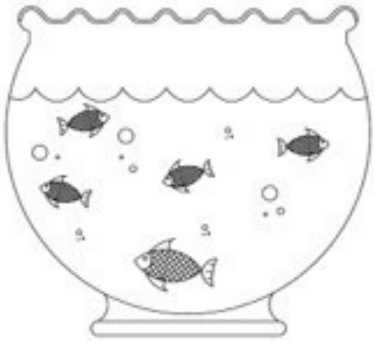
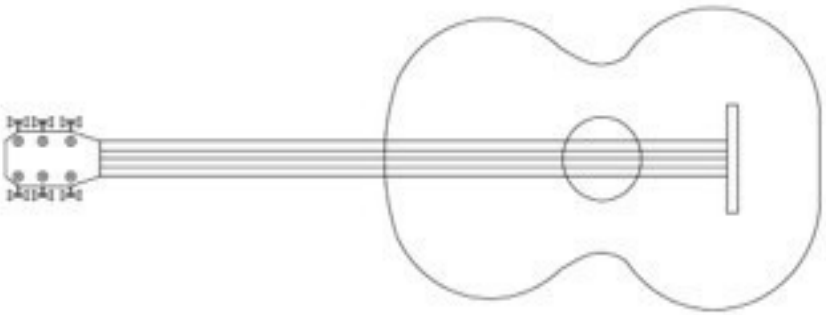
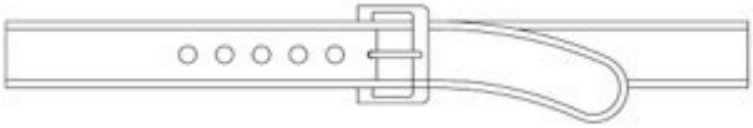


9. BEC

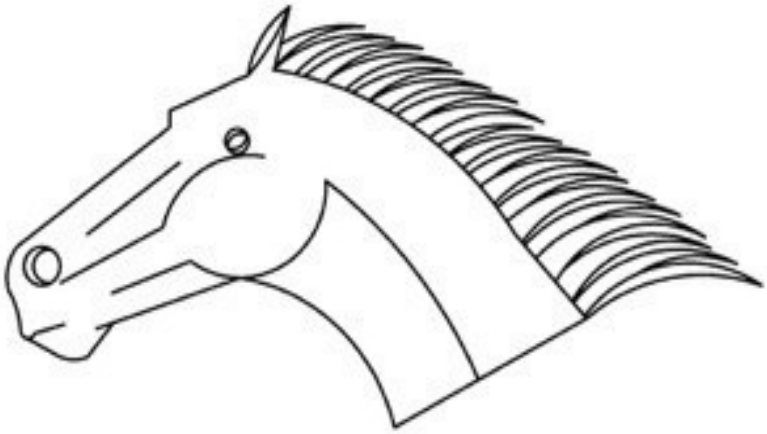
10. CHITARĂ



11. CATARAMĂ



12. COAMĂ



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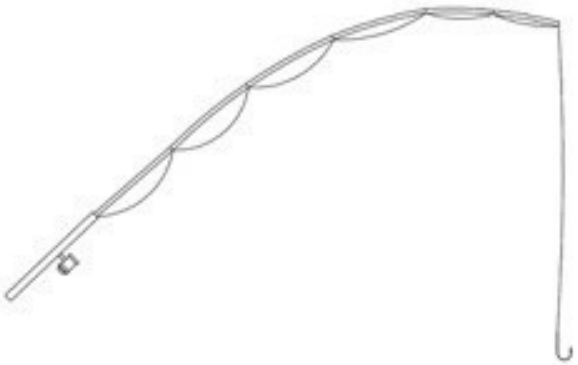
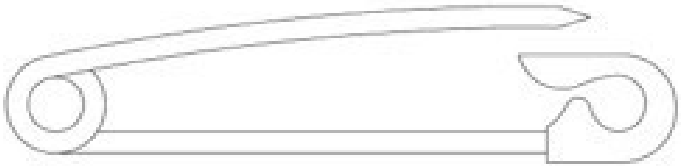


14. ŞURUBELNIŢĂ

15. PARAVAN

16. AC DE SIGURANȚĂ



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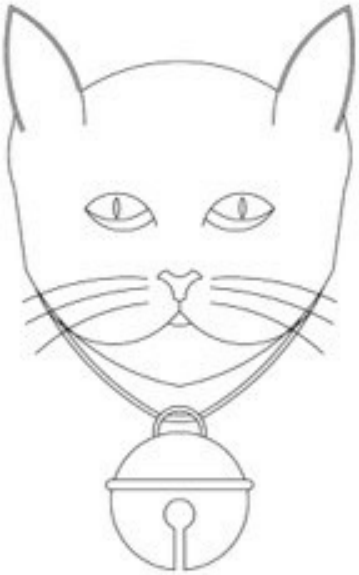
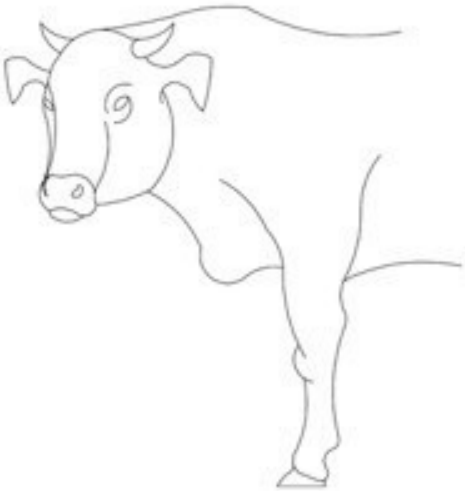
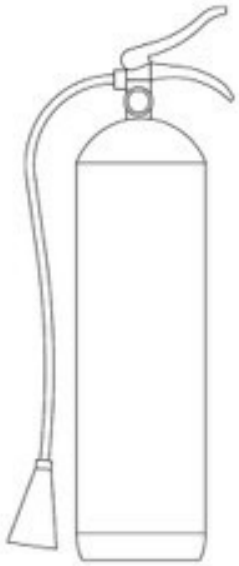


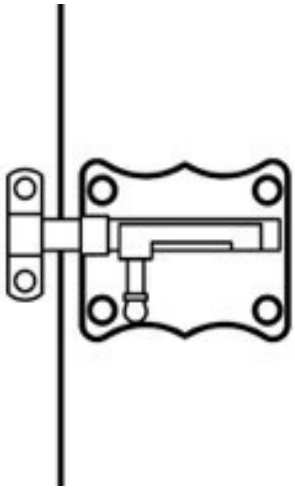
18. COPITĂ



19. STINGĂTOR



20. ZĂVOR



BOALA PARKINSON – SCALA DE EVALUARE COGNITIVĂ FUNCŢIONALĂ

PARKINSON'S DISEASE – COGNITIVE FUNCTIONAL RATING SCALE

(PD-CFRS)

La începutul chestionarului intervievatorul trebuie să explice înţelesul întrebărilor cu următoarea propoziţie:
"Acum vom pune la o parte problemele motorii şi ne vom concentra asupra modului în care dificultăţile cognitive (absenţa atenţiei, a memoriei, încetineala în gândire …) v-au afectat activităţile zilnice în ultimele două săptămâni".
În chestionarul aplicat unui aparţinător informat, atunci când este cazul, "dvs." trebuie înlocuit cu numele pacientului, iar "al/a dvs." cu "al dânsului/dânsei".

Răspunsurile: ☐ Pacientului

☐ Aparţinătorului _____ (relaţia)

Itemuri	*Scor**			
1. Aţi avut probleme cu gestionarea propriilor bani? De exemplu: verificarea restului, calcularea banilor necesari pentru a merge la cumpărături, etc.	0	1	2	8
2. Aţi avut probleme cu gestionarea gospodăriei? De exemplu: controlul finanţelor, al conturilor bancare, al economiilor, etc.	0	1	2	8
3. Aţi avut probleme cu planificarea vacanţelor sau a întâlnirilor cu familia sau prietenii?	0	1	2	8
4. Aţi avut probleme cu gestionarea corespondenţei personale, a programărilor la medic sau a facturilor?	0	1	2	8
5. Aţi avut probleme cu respectarea dozelor şi a orelor la care trebuie să vă luaţi medicamentele?	0	1	2	8
6. Aţi avut probleme cu organizarea activităţilor dvs. zilnice?	0	1	2	8
7. Aţi întâmpinat dificultăţi în înţelegerea modului de utilizare al aparatelor electrocasnice?	0	1	2	8
8. Aţi avut probleme în a ştii cum să utilizaţi transportul în comun pentru a ajunge într-un anumit loc?	0	1	2	8
9. Aţi întâmpinat dificultăţi în rezolvarea evenimentelor neprevăzute?	0	1	2	8
10. Aţi avut probleme cu explicarea lucrurilor pe care doriţi să le spuneţi?	0	1	2	8
11. Aţi avut probleme în a înţelege ceea ce citiţi: cărţi, reviste sau ziare?	0	1	2	8
12. Aţi avut probleme în a înţelege cum se utilizează telefonul mobil?	0	1	2	8
0: Nu. *1: Uneori.* *2: De cele mai multe ori.* *8: Subiectul nu a făcut niciodată activitatea în trecut.*	Total: _____(0-24)			

** Pentru a obţine scorul final trebuie calculată media tuturor itemilor evaluaţi de la 0 la 2, şi rotunjită la cel mai apropiat număr întreg (0-1-2) (de ex. 1,52 = 2). Valoarea obţinută trebuie să înlocuiască scorul tuturor itemilor la care răspunsul este 8. Scorul total este suma celor 12 itemi, de îndată ce fiecare 8 a fost înlocuit.*

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1. MEMORIA VERBALĂ CU REAMINTIRE LIBERĂ IMEDIATĂ

Cuvinte	1	Cuvinte	2	Cuvinte	3
LUMINĂ		STEA		LEU	
MĂTASE		CRAVATĂ		STEA	
NISIP		PARFUM		BICICLETĂ	
GEANĂ		LUMINĂ		OREZ	
OREZ		INEL		TABLĂ	
CRAVATĂ		OREZ		LUMINĂ	
TABLĂ		GEANĂ		NISIP	
BICICLETĂ		MĂTASE		CRAVATĂ	
STEA		TABLĂ		INEL	
LEU		NISIP		PARFUM	
INEL		BICICLETĂ		GEANĂ	
PARFUM		LEU		MĂTASE	
Total		**Total**		**Total**	

2. NUMIRE LA PREZENTARE

	1		1
BĂRBIŢĂ		CATARAMĂ	
LUMÂNARE		COAMĂ	
CIREŞE		CÂRLIG	
TABURET		ŞURUBELNIŢĂ	
ANCORĂ		PARAVAN	
BROASCĂ ŢESTOASĂ		AC DE SIGURANŢĂ	
ZMEU		CLOPOŢEL	
ACVARIU		COPITĂ	
BEC		STINGĂTOR	
CHITARĂ		ZĂVOR	
		Total	

3. ATENŢIE SUSŢINUTĂ

2 L T (Exemplu)	2 litere	
8 A 9 (Exemplu)	1 literă	
2 P 6 5 4	1 literă	
3 A 6 K L	3 litere	
B 9 0 4 L T	3 litere	
3 C P 5 7 3	2 litere	
3 9 5 L 4 Z A	3 litere	
i 1 A S Q 4 1	4 litere	
7 5 D A 4 T B 2	4 litere	
9 6 8 4 3 7 L C	2 litere	
Z 4 9 A T D 3 8 4	4 litere	
9 5 M D 4 S C 3 E	5 litere	
	Total	

4. MEMORIE DE LUCRU

L 2 T (Exemplu)	2 L T	
8 A 9 (Exemplu)	8 9 A	
M 3	3 M	
7 P	7 P	
G 8 M	8 G M	
9 i 6	6 9 i	
T 0 4 A	0 4 A T	
7 V 6 J	6 7 J V	
M 6 4 N i	4 6 i M N	
3 5 S G C	3 5 C G S	
1 R 9 V B 3	1 3 9 B R V	
M 2 7 4 Z 9	2 4 7 9 M Z	
	Total	

5. CEAS DESENAT LIBER

7. M.V. ÎNTÂRZIATĂ

Words	
LIGHT	
SILK	
SAND	
EYELASH	
RICE	
TIE	
BLACKBOARD	
BICYCLE	
STAR	
LION	
RING	
FRAGRANCE	
Total	

8. FLUENŢĂ VERBALĂ ALTERNATIVĂ

1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
13		14	
15		16	
17		18	
19		20	
S			

9. FLUENŢĂ VERBALĂ DE ACŢIUNE

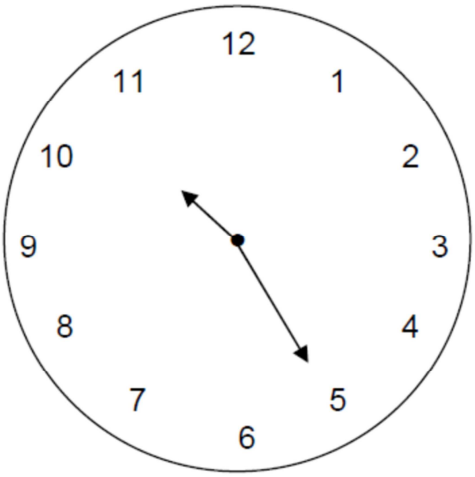
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

Nume:

Data:

PD-CRS

6. COPIA CEASULUI



	Liber		Copie	
	D	N	D	N
Desenul seamănă cu un ceas				
Ceasul nu este împărțit de linii/sectoare				
Există o dispoziție simetrică a numerelor				
Sunt desenate numai nr. de la 1 la 12				
Numerele orelor sunt ordonate corect				
Sunt desenate numai două ace de ceas				
Acele de ceas sunt desenate ca săgeți				
Orarul este mai scurt. Ora este corectă				
Nu a fost scris niciun cuvânt.				
Nu a fost desenat numărul „25”				
Scor (0-10)				

Item	*Puncte*
1. Reamintire liberă imediată	/12
2. Numire la prezentare	/20
3. Atenție susținută	/10
4. Memorie de lucru	/10
5. Desenare liberă ceas	/10
6. Copiere desen ceas	/10
7. Reamintire liberă întârziată	/12
8. Fluenţa verbală alternativă	/20
9. Fluenţa verbală de acţiune	/30
SCOR FRONTO-SUBCORTICAL	/104
SCOR POSTERIOR-CORTICAL	/30
SCORUL TOTAL	/134

PD-CRS

Apathy scale (Starkstein 1992)

1. Are you interested in learning new things?	Not at all	slightly	some	a lot
2. Does anything interest you?	Not at all	slightly	some	a lot
3. Are you concern about your condition?	Not at all	slightly	some	a lot
4. Do you put much effort into things?	Not at all	slightly	some	a lot
5. Are you always looking for something to do?	Not at all	slightly	some	a lot
6. Do you have plans and goals for the future?	Not at all	slightly	some	a lot
7. Do you have motivation?	Not at all	slightly	some	a lot
8. Do you have the energy for daily activities?	Not at all	slightly	some	a lot
9. Does someone have to tell you what to do each day?	Not at all	slightly	some	a lot
10. Are you indifferent to things?	Not at all	slightly	some	a lot
11. Are you unconcerned with many things?	Not at all	slightly	some	a lot
12. Do you need to be pushed to get started on things?	Not at all	slightly	some	a lot
13. Are you neither happy nor sad, just in between?	Not at all	slightly	some	a lot
14. Do you consider yourself apathetic?	Not at all	slightly	some	a lot

For questions 1-8, not at all = 3, slightly = 2, some = 1, a lot = 0

For question 9-14, not at all = 0 slightly = 1 some = 2, a lot = 3

CLINICAL IMPRESSION OF SEVERITY INDEX FOR PARKINSON'S DISEASE (CISI-PD)

Motor signs

0	Normal
1	Very mild
2	Mild
3	Mild to moderate
4	Moderate
5	Severe
6	Very severe

Disability

0	Normal
1	Minimal slowness and/or clumsiness
2	Slowness and/or clumsiness; no limitations
3	Limitation for demanding activities; does not need help for basic ADL
4	Limitation to perform basic ADL; help is required for some basic ADL
5	Great limitation to perform basic ADL; help is required for most or all basic ADL
6	Severely disabled; helpless; complete assistance needed

Motor complications (dyskinesia and fluctuations)

0	Not at all
1	Very mild
2	Mild
3	Mild to moderate
4	Moderate
5	Severe
6	Very severe

Cognitive status

0	Normal
1	Slowness and/or minimal cognitive problems
2	Mild cognitive problems; no limitations
3	Mild to moderate cognitive problems; does not need help for basic ADL
4	Moderate cognitive problems; help is required for some basic ADL
5	Severe cognitive problems; help is required for most or all basic ADL
6	Severely disabled; helpless; complete assistance needed

Scala de severitate a oboselii (FSS)

Încercuiți un număr între 1 și 7 pe care îl considerați cel mai potrivit pentru următoarele afirmații. Acest lucru se referă la modul dvs. obișnuit de viață în ultima săptămână.
1 indică "dezacord total" și 7 indică "acord total".

Citiți și incercuiți un numar	Dezacord total →						Acord total
1. Motivația mea este mai scăzută atunci când sunt obosit.	1	2	3	4	5	6	7
2.Exercițiul fizic imi aduce oboseală.	1	2	3	4	5	6	7
3.Obosesc ușor.	1	2	3	4	5	6	7
4. Oboseala interferează cu funcționarea mea fizică.	1	2	3	4	5	6	7
5. Oboseala îmi provoacă probleme frecvente.	1	2	3	4	5	6	7
6.Oboseală mă împiedică să am o activitate fizică susținută.	1	2	3	4	5	6	7
7. Oboseala interfereaza cu efectuarea anumite îndatoriri și responsabilități.	1	2	3	4	5	6	7
8.Oboseala este printre simptomele cele mai dezactivatoare (care mă lasă lipsit de energie).	1	2	3	4	5	6	7
9.Oboseala interferează cu munca mea, cu familia sau viața socială.	1	2	3	4	5	6	7

VISUAL ANALOGUE FATIGUE SCALE (VAFS)

Marcați un "X" pe linia numerică care descrie oboseala globală, 0 fiind cel mai grav și 10 fiind normal.

0	1	2	3	4	5	6	7	8	9	10

SCOPA-MOTOR

A. Motor evaluation

Clinical examination

1. Rest tremor

assess each arm separately during 20 seconds; hands rest on thighs; if tremor is not evident at rest, try to keep the patient attentive, e.g. by having him/her count backwards with eyes closed

0 = absent
1 = small amplitude (< 1 cm) occurring spontaneously, or obtained only while keeping patient attentive (any amplitude)
2 = moderate amplitude (1-4 cm), occurring spontaneously
3 = large amplitude (≥ 4 cm), occurring spontaneously.

Score: RUE _____ - LUE _____

2. Postural tremor

check with arms outstretched, pronated and semipronated, and with index fingers of both hands almost touching each other (elbows flexed); assess each position during 20 seconds

0 = absent
1 = small amplitude (< 1 cm)
2 = moderate amplitude (1-4 cm)
3 = large amplitude (≥ 4 cm).

Score: RUE _____ - LUE _____

3. Rapid alternating movements of hands

rapid alternating pronation/supination movements of upper hand, each time slapping the palm of the horizontally held lower hand during 20 seconds; each hand separately

0 = normal
1 = slow execution, or mild slowing and/or reduction in amplitude
2 = definite and early fatiguing; may have occasional arrests
3 = hesitation in initiating movement or frequent arrests in ongoing movements, or can barely perform task.

Score: RUE _____ - LUE _____

4. Rigidity

assess passive movements of elbow and wrist over full range, with the patient relaxed in sitting position; ignore cogwheeling; check each arm separately

0 = absent
1 = mild rigidity over full range, no difficulty reaching end positions
2 = moderate rigidity, some difficulties reaching end positions
3 = severe rigidity, considerable difficulties reaching end positions.

Score: RUE _____ - LUE _____

5. Rise from chair

patient is instructed to fold arms across chest; use straight back chair

0 = normal
1 = slowly; does not need arms to get up
2 = needs arms to get up (can get up without help)
3 = unable to rise (without help).

6. Postural instability

stand behind the patient and pull patient backwards, while s/he is standing erect with eyes open and feet spaced slightly apart; patient is not prepared

0 = normal, may take up to 2 steps to recover
1 = takes 3 or more steps; recovers unaided
2 = would fall if not caught
3 = spontaneous tendency to fall or unable to stand unaided.

7. Gait

assess gait pattern; use walking aid or offer assistance, if necessary

0 = normal
1 = mild slowing and/or reduction of step height or length; does not shuffle
2 = severe slowing, or shuffles or has festination
3 = unable to walk.

8. Speech

0 = normal
1 = slight loss of expression, diction and/or volume
2 = slurred; not always intelligible
3 = unintelligible always or most of the time.

Historical information

9. Freezing during 'on'

Freezing is characterized by hesitation when trying to start walking or 'gluing' to the ground while walking.

0 = absent
1 = start hesitation only, occasionally present
2 = frequently present, may have freezing when walking
3 = severe freezing when walking.

10. Swallowing

0 = normal
1 = some difficulty or slow; does not choke; normal diet
2 = sometimes chokes; may require soft food
3 = chokes frequently; may require soft food or alternative method of food intake.

Score ***Motor Examination***_____/42

B. Activities of Daily Living

11. Speech

0 = normal
1 = some difficulty; may sometimes be asked to repeat sentences
2 = considerable difficulty; frequently asked to repeat sentences
3 = unintelligible most of the time.

12. Feeding (cutting, filling cup, etc.)

0 = normal
1 = some difficulty or slow; does not need assistance
2 = considerable difficulty; needs some assistance
3 = needs almost complete or complete assistance.

13. Dressing

0 = normal
1 = some difficulty or slow; does not need assistance
2 = considerable difficulty; needs some assistance (e.g. with buttoning, getting arms into sleeves)
3 = needs almost complete or complete assistance.

14. Hygiene (washing, combing hair, shaving, brushing teeth, using toilet)

0 = normal
1 = some difficulty or slow; does not need assistance
2 = considerable difficulty; needs some assistance
3 = needs almost complete or complete assistance.

15. Changing position (turning over in bed, getting up out of bed, getting up out of a chair, turning around when standing)

0 = normal
1 = some difficulty or slow; does not need assistance with any change of position
2 = considerable difficulty; may need assistance with one or more changes of position
3 = needs almost complete or complete assistance with one or more changes of position.

16. Walking

0 = normal
1 = some difficulty or slow; does not need assistance or walking aid
2 = considerable difficulty; may need assistance or walking aid
3 = unable to walk, or walks only with assistance and great effort.

17. Handwriting

0 = normal
1 = some difficulty (e.g. slow, small letters); all words legible
2 = considerable difficulty; not all words legible; may need to use block letters
3 = majority of words are illegible.

Score ***Activities of Daily Living*****_____**/21

C. Motor Complications

18. Dyskinesias (presence)

0 = absent
1 = present some of the time
2 = present a considerable part of the time
3 = present most or all of the time.

19. Dyskinesias (severity)

0 = absent
1 = small amplitude
2 = moderate amplitude
3 = large amplitude

20. Motor fluctuations (presence of 'off' periods)

What proportion of the waking day is patient 'off' on average?
0 = none
1 = some of the time
2 = a considerable part of the time
3 = most or all of the time.

21. Motor fluctuations (severity of 'off' periods)

0 = absent
1 = mild end-of-dose fluctuations
2 = moderate end-of-dose fluctuations; unpredictable fluctuations may occur occasionally
3 = severe end-of-dose fluctuations; unpredictable on-off oscillations occur frequently.

Score ***Motor Complications*****_____**/12

SCOPA-Psychiatric Complications (SCOPA-PC)

The proposed questions are used to introduce the psychiatric complications, ask for more details or examples to clarify whether the problem is present or not, and if so, to what degree.
The following symptoms can occur due to side-effects of anti-parkinsonian medication. Did any of the following symptoms occur during the last month? (Ask patient and caregiver).

1. Hallucinations:
(Did you perceive (see, hear, feel, smell) things that you knew were not there or that other people didn't perceive? When you perceived it, did you realize it was not real? Did you sometimes act upon these phenomena (for instance tried to touch it)? Did these phenomena scare you? Did you get agitated or aggressive when you noticed these phenomena or when someone tried to convince you they were not real? For the caregiver: do you have the impression the patient perceived phenomena that were not there, for instance, did (s)he talk to people that were not there? Did (s)he know it was not real or could you convince him/her that it was not real? Did (s)he get agitated or aggressive when (s)he perceived these phenomena?)

0. absent
1. mild; complete insight; non-threatening
2. moderate; partial insight; can be convinced; may be threatening
3. severe; no insight; cannot be convinced; may be associated with heightened emotional tone, agitation, aggression.

2. Illusions and Misidentification of persons
(Did you perceive (see, hear) things differently then they really were (for instance a person instead of a tree, a bug instead of a crumb)? When you perceived them, did you realize it was not real? Did you sometimes act upon these phenomena (for instance tried to touch them)? Did these phenomena scare you? Did you get agitated or aggressive when you noticed these phenomena or when someone tried to convince you they were not real? For the caregiver: do you have the impression the patient perceived phenomena differently, for instance, did (s)he wave to a tree or picked up a crumb saying it is bug? Did (s)he know it was not real or could you convince him/her that it was not real? Did (s)he get agitated or aggressive when he perceived these phenomena?)

0. absent
1. mild; complete insight; non-threatening
2. moderate; partial insight; can be convinced; may be threatening
3. severe; no insight; cannot be convinced; may be associated with heightened emotional tone, agitation, aggression.

3. Paranoid Ideation (persecutory and/or jealous type):
(Were you more suspicious or jealous then you should be? (For instance were you convinced that people were having "bad thoughts" about you, that people were stealing from you). Did you wrongfully accuse people? Did these thoughts make you more tense or aggressive? For the caregiver: do you have the impression the patient had ideas that were

not true, for instance accused you wrongfully of infidelity? Could you convince him/her that the ideas were false? Did (s)he get aggressive or refused to cooperate because of these ideas?)

0. absent
1. mild; associated with suspiciousness
2. moderate; associated with tension and excitement
3. severe; accusations of persons, aggression and/or lack of cooperation (i.e. refusal to eat and/or take medication).

4. Altered dream phenomena:
Did you dream more then you used to? Do you recall vivid or unpleasant dreams? Has someone told you that you moved, talked or screamed while sleeping? Were you aware of having had a dream when you woke up, were you afraid, agitated or confused? For the caregiver: have you noticed that the patient was dreaming? Did (s)he move, talk or scream while sleeping? Was (s)he afraid, agitated or confused when waking up?

0. absent
1. mild; vivid dreams; restless sleep (moving or talking in sleep); may be associated with anxiety
2. moderate; associated with feeling of danger
3. severe; associated with agitation and confusion.

5. Confusion: (impaired attention, memory, orientation in time, place or person, or incoherence of speech)
Were you able to think as clearly as you used to? Were you able to concentrate? (on a book or a conversation?) How was your memory? (Did you forget what you were doing?) How was your orientation? (Did you always know where you were, could you find your way; did you know what day/month it was or whether it was morning or evening; did you always know who a familiar person was). How coherent was your speech (Did you sometimes stop when talking because you couldn't focus on the topic or made an illogical switch to another subject?)For the caregiver: do you have the impression the patient had difficulties with concentration, memory, orientation or speech?

0. absent
1. mild; mildly impaired awareness of environment or mildly impaired attention; may have some problems with memory, orientation, or incoherence of speech
2. moderate; considerably impaired awareness of environment; impaired attention; may have considerable problems with memory, orientation, or incoherence of speech
3. severe; unaware of environment, unable to focus, sustain, or shift attention; may have severe problems with memory, orientation, or incoherence of speech.

6. Sexual Preoccupation:
Did you dream or think more about sex or did your sex drive increase? Did you get angry or aggressive when your desires couldn't be fulfilled? For the caregiver: do you have the

impression the patient is more occupied by sexual thoughts or that his/her sex drive has increased? Did (s)he get angry or aggressive when his/her desires couldn't be fulfilled?

0. absent
1. mild; increased sexual thoughts, dreams
2. moderate; increased demand for sexual activity
3. severe; violent sexual impulsiveness.

7. Compulsive behavior (shopping/ gambling):

Are your thoughts more occupied by a desire to shop or gamble? Did you spend more time or money on shopping or gambling? Was it difficult to control your thoughts or behavior? Did this behavior lead to financial problems or problems in daily life? For the caregiver: Do you have the impression the patient thought more about shopping or gambling? Did (s)he spend more time or money on shopping or gambling? Was it difficult for him/her to control the thoughts or behavior? Did this behavior lead to financial problems or problems in daily life?

0. absent
1. mild; mildly increased thoughts or time spent shopping or gambling, some control over thoughts and behavior, no financial problems
2. moderate; increased time or money spent by shopping or gambling, hard to resist, disturbs daily life
3. severe, extreme time and money spent by shopping or gambling/financial problems, unsuccessful to control, severe problems in daily life

7b. Compulsive behavior (other)**

In the last month, were your thoughts more occupied or did you spent an increased amount of time on other behaviors, for instance eating (food craving)/ drinking/ hobbyism (exaggerated pursuit outside one's regular occupation/ punding (repetitive, purposeless activities as sorting and resorting objects or dismantling objects without being able to complete the task)/ other: _____)

0. absent
1. mild; mildly increased thoughts or time spent on this behavior, some control over thoughts and behavior, no financial problems
2. moderate; increased time or money spent on this behavior, hard to resist, disturbs daily life
3. severe, extreme time and money spent on this behavior/financial problems, unsuccessful to control, severe problems in daily life

**** To be scored only if item 7 is 0 (absent)**

Total Score SCOPA-PC _____/21

SCOPA-COGNITION

Memory and learning

1. Verbal recall

(N.B. 10 words are repeatedly shown for at least 4 seconds, get the patient to read them out loud, the time allowed for recall is unlimited.

Instruction: "Read the following 10 words aloud and try to remember as many as possible. After reading them all, name as many words as possible, the order of the words is not important".

butter	
arm	
shore	
letter	
queen	
cabin	
pole	
ticket	
grass	
engine	

Number of correct answers	SCORE
10	**5**
8 – 9	**4**
6 – 7	**3**
5	**2**
4	**1**
≤ 3	**0**

2. Digit span backward

(N.B. Ask the patient to repeat a series of numbers backwards; the numbers are read out separately, 1 second per number; if incorrectly repeated, the alternative in the second column is presented. Continue till a set of numbers is twice repeated incorrectly. Make sure the time interval between numbers stays the same. Record the highest series that is repeated correctly at least once; Give an example: "If I say 2-7-3, than you say (3-7-2)

Test 1	Answer	Test 2	Answer	SCORE
2-4	(4-2)	**5-8**	(8-5)	**1**
6-2-9	(9-2-6)	**4-1-5**	(5-1-4)	**2**
3-2-7-9	(9-7-2-3)	**4-9-6-8**	(8-6-9-4)	**3**
1-5-2-8-6	(6-8-2-5-1)	**6-1-8-4-3**	(3-4-8-1-6)	**4**
5-3-9-4-1-8	(8-1-4-9-3-5)	**7-2-4-8-5-6**	(6-5-8-4-2-7)	**5**
8-1-2-9-3-6-5	(5-6-3-9-2-1-8)	**4-7-3-9-1-2-8**	(8-2-1-9-3-7-4)	**6**
9-4-3-7-6-2-5-8	(8-5-2-6-7-3-4-9)	**7-2-8-1-9-6-5-3**	(3-5-6-9-1-8-2-7)	**7**

3. Indicate cubes

(N.B. point to the cubes in the order given below; the patient should copy this; do this slowly; the patient decides for himself with which hand this should be done)

1 **2** **3** **4**

a. **1-2-4-2**
b. **1-2-3-4-3**
c. **3-4-2-1-4**
d. **1-4-2-3-4-1**
e. **1-4-2-3**

Number of correct series	SCORE
5	**5**
4	**4**
3	**3**
2	**2**
1	**1**
0	**0**

Attention

4. Counting backwards (30 to 0)

(N.B. mistakes can be: the order, missing or not knowing a number, or not finishing off the series)

Instruction: "Would you subtract three from 30, and subtract three again from the result and continue till zero?".

30 – 27 – 24 – 21 – 18 – 15 – 12 – 9 – 6 – 3 – 0

Number of errors	SCORE
0	**2**
1	**1**
≥ 2	**0**

5. Months backwards

(N.B. mistakes are: the order, missing or not knowing the next month, or not finishing off the series)

Instruction: "Name the months of the year in reverse order, starting with the last month of the year".

Dec- Nov-Oct-Sept-Aug-July-June-May-April-March-Feb-Jan.

Number of errors	SCORE
0	**2**
1	**1**
≥ 2	**0**

Executive functions

6. Fist-edge-palm

(N.B. 1. fist with ulnar side down, 2. stretched fingers with ulnar side down, 3. stretched fingers with palm down; practice first 5 rounds, with verbal help, e.g. FIST-STRETCH-PALM note the number of correct trios from a total of 10; the patient chooses which hand should be used.)

Number of correct series	SCORE
10	**3**
9	**2**
8	**1**
≤ 7	**0**

7. Semantic fluency

(N.B. one-minute; no repetition or variations of words, such as lion-lioness, tiger-tigress; categories are allowed, bird and pigeon are both correct. Note all the animals named and count the number correctly named)

Animals.....
.....
.....

Number of correct answers	SCORE
≥ 25	**6**
20 – 24	**5**
15 – 19	**4**
10 – 14	**3**
5 – 9	**2**
1 – 4	**1**
0	**0**

8. *Dice*

(N.B.: use 2 cards, one with YES = EVEN, NO = ODD; one with YES = HIGHER, NO = LOWER. Put the correct card face up next to the explanation of the test and make sure that the other, irrelevant card is out of sight. The first round (situation 1) is not scored. Correct the patient if necessary).

Situation 1: YES = EVEN

Instruction: "Say YES for an even number on a die and No for an odd number".

After this, the patient is asked to reply according to the principle YES = HIGHER, NO = LOWER. What is important is the first response. Corrections are not allowed.

Situation 2: YES = HIGHER

Instruction: "Say YES if the number on the die is higher than the one that was shown previously, and No, if the number is lower.

Dice	Correct answer	Patient's output
4	-	-
2	No	
1	No	
5	Yes	
3	No	
2	No	
5	Yes	
4	No	
5	Yes	
6	Yes	
5	No	

Number of correct answers	**SCORE**
10	**3**
9	**2**
8	**1**
≤ 7	**0**

Visuo-spatial functions

9. Assembling figures

(N.B. the patient is shown 5 incomplete patterns and has to choose 2 or 3 shapes out of 4 or 5 possible alternatives in order to complete the pattern. First practice 2 figures)

1.	**1, 4**	
2.	**2, 3**	
3.	**2, 5**	
4.	**1, 3, 5**	
5.	**2, 3**	

Number of correct answers	SCORE
5	**5**
4	**4**
3	**3**
2	**2**
1	**1**
0	**0**

Memory

10. Delayed recall

Instruction: "Can you name as many as possible of the 10 words that you learned during the first test? "

butter	
arm	
shore	
letter	
queen	
cabin	
pole	
ticket	
grass	
engine	

Number of correct answers	SCORE
10	**5**
8 – 9	**4**
6 – 7	**3**
5	**2**
4	**1**
≤ 3	**0**

Total Score SCOPA-COG _____/43

Chestionarul simptomelor intestinului

Vă rugăm să încercuiţi răspunsul cel mai apropiat situaţiei dumneavoastră.

1. De câte ori pe zi aveţi scaun într-o zi obişnuită? ___ ori
2. Când aveţi scaun, trebuie să vă grăbiţi?
   - ☐ Da
   - ☐ Nu
   - ☐ Depinde
3. Dacă da, cât timp staţi ?
   - ☐ Mai puţin de 2 minute
   - ☐ 2-4 minute
   - ☐ 5-10 minute
   - ☐ Mai mult de 10 minute
4. Puteţi să spuneţi că scaunele dvs. sunt:
   - ☐ Solide/tari
   - ☐ Normale
   - ☐ Semisolide/formate
   - ☐ Semilichide- „ca terciul”
   - ☐ Lichide
   - ☐ Variabile
5. Vi se întâmplă să nu ajungeţi la toaletă la timp şi să se producă un accident?
   - ☐ Niciodată
   - ☐ Foarte rar (se întâmplă câteodată, dar nu s-a întâmplat în ultimele 4 săptămâni)
   - ☐ Rar (1 accident în ultimele 4 săptămâni)
   - ☐ Câteodată (mai mult de 1 accident în ultimele 4 săptămâni, dar nu în ultima săptămână)
   - ☐ Săptămânal (mai mult de 1 accident pe săptămână)
   - ☐ Zilnic (1 sau mai multe accidente pe zi)
6. Dacă se întâmplă să aveţi un astfel de accident în drumul spre toaletă, depinde de consistenţa scaunelor?
   - ☐ Da
   - ☐ Nu
   - ☐ Da/Nu
7. Vi se întâmplă să rămână fecale reziduale pe lenjeria intima după ce aţi avut un scaun?
   - ☐ Niciodată
   - ☐ Foarte rar (fără vreo întâmplare în ultimele 4 săptămâni, dar se întâmplă câteodată)
   - ☐ Rar (1 întâmplare în ultimele 4 săptămâni)
   - ☐ Câteodată (mai mult de 1 întâmplare în ultima lună dar nu săptămânal)
   - ☐ Săptămânal (1 saumai multe accidente pe săptămână, dar nu zilnic)
   - ☐ Zilnic (1 sau mai multe accidente pe zi)
8. Vi se întâmplă să aveţi incontinenţă de fecale ,când aceasta nu are loc în relaţie cu scaunul (nu fix înainte sau după scaun)?
   - ☐ Niciodată
   - ☐ Foarte rar (fără întâmplări în ultima lună, dar se întâmplă câteodată)
   - ☐ Rar (1 întâmplare în ultimele 4 săptămâni)

- ☐ Câteodată (mai mult de 1 întâmplare în ultima lună, dar nu mai mult de 1 dată pe săptămână)
- ☐ Săptămânal (1 sau mai multe accidente pe săptămână dar nu zilnic)
- ☐ Zilnic (1 sau mai multe accidente pe zi)

9. Când se întâmplă să apară această incontinenţă ce nu este relaţionată cu actul defecaţiei?
    - ☐ Pe timpul nopţii, în pat
    - ☐ În timpul mersului
    - ☐ În timp ce vă aplecaţi sau ridicaţi greutăţi
    - ☐ În timpul sportului sau unor exerciţii
    - ☐ Oricând, fără un tipar anume
10. Dacă se întâmplă să nu ajungeţi în timp util la toaletă pentru scaun, şi accidental se întâmplă să pierdeţi scaun, cum se prezintă consistenţa scaunelor?
    - ☐ Pierderi de scaun solid
    - ☐ Pierderi de scaun lichid
    - ☐ Pierderi de mucus
    - ☐ Fără pierderi de fecale
11. Dacă se întâmplă să aveţi incontinenţă de fecale, cantitativ, acesta este:
    - ☐ Fără incontinenţă de fecale
    - ☐ Minimă incontinenţă/pată
    - ☐ Cantitate mică de fecale/o linguriţă
    - ☐ Cantitate moderată de fecale/o lingură
    - ☐ Cantitate mare de fecale
12. Este necesară purtarea unei protecţii pentru incontinenţă?
    - ☐ Mereu
    - ☐ De obicei
    - ☐ Câteodată
    - ☐ Niciodată
13. Dacă este necesară purtarea unei protecţii din cauza incontinenţei, aceasta este:
    - ☐ Protej slip
    - ☐ Tampon de vată
    - ☐ Pampers
14. Puteţi controla flatulenţa?
    - ☐ Întotdeauna
    - ☐ Deobicei
    - ☐ Câteodată
    - ☐ Niciodată
15. Aveţi senzaţia ca problemele dumneavoastră cu tranzitul vă afectează stilul de viaţă?
    - ☐ Deloc
    - ☐ Puţin
    - ☐ Destul de mult
    - ☐ Foarte mult
    - ☐ Dacă problema dumneavoastră cu tranzitul vă afectează stilul de viaţă, descrieţi:
16. În prezent, întâmpinaţi dificultăţi la defecaţie?
    - ☐ Da
    - ☐ Nu
    - ☐ Dacă da, ce fel de dificultate este:
        - o Nevoia de a se abţine
        - o Senzaţie de evacuare incompletă

- Scaune solide
- Altele:

_____

17. Vă rugăm să estimaţi gradul de control pe care dumneavoastră îl aveţi asupra tranzitului: (Vă rugăm să încercuiţi un număr, când 0=fără control şi 10=control deplin)
    0 1 2 3 4 5 6 7 8 9 10
18. Alte comentarii asupra tranzitului dumneavoastră:

Vă mulţumim pentru timpul acordat.

Chestionarul pentru evaluarea dificultăților de înghițire

Întrebări	0 = Niciodată 1 = Uneori (o dată pe lună sau mai puțin) 2 = Frecvent (1-7 ori pe săptămână) 3 = Foarte frecvent (> 7 ori pe săptămână)			
1. Experimentați dificultăți la mestecarea alimentelor solide, precum un măr, prăjitură, biscuite?	0	1	2	3
2. După înghițire, rămân resturi de mâncare în gură, lângă obraji, sub limbă, sau aderente de cerul gurii?	0	1	2	3
3. Când mâncați sau beți, se întâmplă să reflueze mâncare sau lichide pe nas?	0	1	2	3
4. Se întâmplă să vă cadă din gură mâncarea mestecată?	0	1	2	3
5. Simțiți că aveți prea multă salivă în gură? (salivați excesiv sau aveți dificultăți de înghițire a salivei?)	0	1	2	3
6. Se întâmplă să înghițiți în mod repetat mâncarea mestecată, înainte ca aceasta să alunece pe gât?	0	1	2	3
7. Aveți dificultăți la înghițirea alimentelor solide? (simțiți că alimente precum merele sau biscuiții vă rămân blocate în gât?)	0	1	2	3
8. Aveți dificultăți la înghițirea alimentelor pasate?	0	1	2	3
9. În timp ce mâncați, simțiți că se blochează mâncare la nivelul gâtului?	0	1	2	3
10. Tușiți în timp ce înghițiți lichide?	0	1	2	3
11. Tușiți în timp ce înghițiți solide?	0	1	2	3
12. Imediat după ce beți sau mâncați, simțiți o schimbare în voce, precum răgușeală, uscăciune sau umezeală excesivă?	0	1	2	3
13. în afara meselor, se întâmplă vreodată să tușiți sau să aveți dificultăți de respirație în urma pătrunderii salivei în căile respiratorii superioare?	0	1	2	3
14. Se întâmplă să aveți dificultăți de respirație în timp ce mâncați?	0	1	2	3
15. Ați suferit vreo infecție respiratorie (precum pneumonia, bronșita) în ultimul an?	Da		Nu	

GCSI- Indexul simptomelor cardinale ale gastroparezei

Acest chestionar are în vedere severitatea simptomelor ce ar putea fi corelate cu problemele gastrointestinale. Acest chestionar nu prezintă întrebări cu răspuns Adevărat sau Fals. Vă rugăm să răspundeţi fiecărei întrebări cu acurateţe. Vă rugăm să încercuiţi numărul ce descrie ce consideraţi dumneavoastră că descrie cel mai bine simptomele experimentate în ultima săptămână. Dacă nu aţi prezentat niciun simptom, încercuiţi 0. Dacă simptomul a fost foarte uşor, încercuiţi 1. Uşor-2 Moderat-3, sever-4, Foarte sever-5. Acest chestionar se raportează la simptomele experimentate în ultima săptămână.

	nu	f.uşor	uşor	moderat	sever	f.sever
Greaţă şi vărsături						
Greaţă (rău de la stomac ca şi cum vă vine sa vomitaţi)	0	1	2	3	4	5
Râgâieli (ca şi cum aţi vomita, dar fără succes)	0	1	2	3	4	5
Vomă	0	1	2	3	4	5
Senzaţie de plenitudine postprandial/saţietate precoce						
Plenitudine la nivelul stomacului	0	1	2	3	4	5
O porţie normala de mâncare nu poate fi consumată	0	1	2	3	4	5
Senzaţie de plenitudine excesivă după mese	0	1	2	3	4	5
Apetit scăzut	0	1	2	3	4	5
Balonare						
Balonare(dorinţa de a vă slăbi/lărgi hainele)	0	1	2	3	4	5
Stomac sau abdomen vizibil mărit	0	1	2	3	4	5
Durere abdominală superioară						
Durere abdominală superioară (supraombilicală)	0	1	2	3	4	5
Disconfort abdominal superior (supraombilical)	0	1	2	3	4	5
Durere abdominală inferioară						
Durere abdominală inferioară (subombilicală)	0	1	2	3	4	5
Disconfort abdominal inferior(subombilical)	0	1	2	3	4	5
Arsură retrosternală/regurgitaţii						
Senzaţia de arsură retrosternală pe parcursul zilei	0	1	2	3	4	5
Senzaţia de arsură retrosternală întins în pat	0	1	2	3	4	5
Senzaţie de disconfort în piept pe parcursul zilei	0	1	2	3	4	5
Senzatie de disconfort în piept în timpul nopţii	0	1	2	3	4	5
Regurgitaţie sau reflux pe parcursul zilei	0	1	2	3	4	5
Regurgitaţie sau reflux în poziţie şezândă-întins în pat	0	1	2	3	4	5
Senzaţie de gust amar, acru sau acid	0	1	2	3	4	5

Scala clinică de evaluare a sialoreei în boala Parkinson (SCS-PD)

Scorul este obținut din totalul punctajelor obținute pentru fiecare item (A-G).

Vă rugăm să citiți următoarele întrebări și să încercați să răspundeți în funcție de cum v-ați simțit în ultima săptămână.

A. Pe parcursul zilei, când simțiți că aveți o cantitate mai mare de salivă în gură?
- 0 = Niciodată.
- 1 = În timpul mesei.
- 2 = Pe parcursul zilei, dar nu corelat cu mesele.
- 3 = Tot timpul, chiar și când dorm.

B. Când dormiți, cât de multă salivă simțiți că este în gura dumneavoastră?
- 0 = Nu observ o creștere a cantității de salivă.
- 1 = Observ o creștere a cantității de salivă, însă nu este salivă pe pernă.
- 2 = Este salivă pe pernă.
- 3 = Este salivă pe pernă și pe pijamale.

C. În timp ce sunteți treaz/ă,
- 0 = Nu salivez.
- 1 = Saliva îmi umezește buzele.
- 2 = Saliva se acumulează, însă nu se scurge de pe buze.
- 3 = Salivez.

D. Acumularea de salivă din gură vă afectează vorbirea?
- 0 = Nu.
- 1 = Trebuie să înghit frecvent pentru a evita dificultățile în vorbire.
- 2 = Am dificultăți în vorbire.
- 3 = Nu pot vorbi deloc.

E. Acumularea de salivă din gură vă afectează abilitatea de a mânca?
- 0 = Nu.
- 1 = Trebuie să înghit frecvent pentru a evita dificultățile de a mânca.
- 2 = Mănânc cu dificultate.
- 3 = Nu pot mânca deloc.

F. De câte ori se întâmplă să salivați pe parcursul unei zile?
- 0 = Niciodată.
- 1 = Nu mai mult de 3 ori.
- 2 = Frecvent. Sunt nevoit/ă să am la mine în permanență o batistă.
- 3 = Permanent.

G. În situații de natură socială sau la evenimente speciale, vă deranjează acumularea de salivă?
- 0 = Nu.
- 1 = Observ o acumulare de salivă, însă nu mă deranjează.
- 2 = Realizez că și alți oameni observă o acumulare de salivă, însă pot controla situația (de exemplu, cu ajutorul unei batiste).
- 3 = Am întrerupt orice eveniment social.

Scala evaluării severității și frecvenței salivației (DSFS)

Scorul salivației este echivalentul sumei dintre scorul severității și scorul frecvenței salivației.

Scala evaluării severității salivației

1 = Nu există salivație niciodată
2 = Salivație ușoară, doar buzele umede
3 = Moderată – saliva ajunge până la buze și la bărbie
4 = Severă – saliva se scurge de pe bărbie pe haine
5 = Profuză – saliva se scurge și pe alte obiecte (mobilă, cărți)

Scala evaluării frecvenței salivației

1 = Fără salivație
2 = Salivație ocazională
3 = Salivație frecventă
4 = Salivație constantă

Instrucțiuni pentru completarea chestionarului SWAL - QOL

Acest chestionar a fost conceput pentru a afla cum vă afectează calitatea vieții de zi cu zi tulburarea dvs. de înghițire.

Vă rugăm să citiți cu atenție, fară să vă grăbiți și să răspundeți la fiecare întrebare. Unele întrebările pot arăta precum altele, dar fiecare este diferită.

Iată un **exemplu** despre cum vor arăta întrebările din chestionar.

1. În ultima lună, cât de des ați simțit fiecare dintre simptomele de mai jos

	Tot timpul	**De cele mai multe ori**	**Uneori**	**Rareori**	**Niciodata**
Vă simțiți slăbit	1	2	3	4	5

Vă mulțumim pentru ajutorul acordat prin participarea dvs. la acest studiu!

NOTĂ IMPORTANTĂ: Înțelegem că este posibil să aveți o serie de probleme fizice. Uneori este dificil să separăm aceste probleme de tulburările de înghițire, dar sperăm că dvs. veți face tot posibilul să vă concentrați **numai** pe **tulburarea dvs. de înghițire**. Mulțumim pentru eforturile depuse pentru completarea acestui chestionar.

1. Mai jos sunt câteva afirmații generale pe care persoanele cu **tulburări de înghițire** le pot menționa. În ultima lună**, <u>cât de adevărate</u>** au fost următoarele afirmații pentru dvs.

(încercuiți o cifră pe fiecare linie)

	Foarte adevărat	**Destul de adevărat**	**Oarecum adevărat**	**Mai puțin adevărat**	**Neadevărat**
Este foarte dificil să mă confrunt cu tulburarea mea de inghițire	1	2	3	4	5
Tulburarea mea de înghițire reprezintă o problemă majoră în viaţa mea	1	2	3	4	5

2. Mai jos sunt enumerate unele probleme care afectează procesul zilnic de alimentație al oamenilor cu **tulburări de înghițire**. În ultima lună, **<u>cât de adevărate</u>** au fost următoarele afirmații pentru dvs.?

(încercuiți o cifră pe fiecare linie)

	Foarte adevărat	**Destul de adevărat**	**Oarecum adevărate**	**Mai puțin adevărat**	**Neadevărat**
În majoritatea zilelor, nu imi pasă dacă am mâncat sau nu.	1	2	3	4	5
Îmi ia mai mult timp să mănânc decât altor oameni	1	2	3	4	5
Rareori îmi mai este foame	1	2	3	4	5
Durează o veșnicie să mănânc o masă.	1	2	3	4	5
Nu îmi mai face plăcere să mănânc	1	2	3	4	5

3. Mai jos sunt câteva probleme fizice pe care oamenii cu **tulburări de înghițire** le experimentează uneori. În ultima lună, **<u>cât de des</u>** ați experimentat fiecare problema ca urmare a tulburării dvs. de înghițire?

(încercuiți o cifră pe fiecare linie)

	Aproape întotdeauna	**Des**	**Uneori**	**Aproape niciodată**	**Niciodată**
Tuse	1	2	3	4	5
Înec atunci când mâncați alimente	1	2	3	4	5
Înec atunci când beți lichide	1	2	3	4	5
Aveți salivă sau flegmă densă	1	2	3	4	5
Vă înecați	1	2	3	4	5
Salivați excesiv	1	2	3	4	5

Aveți dificultăți la mestecare	1	2	3	4	5
Aveți salivă sau flegmă în exces	1	2	3	4	5
Trebuie să vă eliberați gâtul	1	2	3	4	5
Alimente blocate în gât	1	2	3	4	5
Alimente blocate în gură	1	2	3	4	5
Vi se scurg din gură alimente sau lichide	1	2	3	4	5
Vă ies alimente sau lichide pe nas	1	2	3	4	5
Tușiți alimente sau lichid din gură atunci când acestea se blochează	1	2	3	4	5

4. În continuare, vă rugăm să răspundeți la câteva întrebări despre cum **tulburarea dvs. de înghițire** va afectat dieta și mâncarea în ultima lună.

(încercuiți o cifră pe fiecare linie)

	Complet de acord	**De acord**	**Incert**	**Dezacord**	**Complet dezacord**
Este o problemă pentru mine aă aflu ce pot și ce nu pot mânca	1	2	3	4	5
Este dificil să găsesc alimente care îmi plac și le pot mânca.	1	2	3	4	5

5. În ultima lună, **cât de des** au fost prezente următoarele afirmații despre comunicare din cauza **tulburării dvs. de înghițire**?

(încercuiți o cifră pe fiecare linie)

	Tot timpul	**De cele mai multe ori**	**Uneori**	**Rareori**	**Niciodată**
Oamenilor le este greu să mă înțeleagă	1	2	3	4	5
Mi-a fost greu să vorbesc clar.	1	2	3	4	5

6. Mai jos sunt câteva preocupări pe care le menționează uneori persoanele **cu tulburări de înghițire**. În ultima lună, **cât de des** ați experimentat fiecare sentiment?

(încercuiți o cifră pe fiecare linie)

	Aproape mereu	**Des**	**Uneori**	**Rareori**	**Niciodată**
Mă tem că mă voi îneca atunci când mănânc.	1	2	3	4	5
Îmi fac griji că voi face pneumonie.	1	2	3	4	5
Mi-e frică să nu mă înec atunci când beau lichide.	1	2	3	4	5
Niciodată nu știu când o să mă îneca.	1	2	3	4	5

7. În ultima lună, cât de des **au fost adevărate** următoarele afirmații pentru dvs. datorită **tulburării dvs. de înghițire**?

(încercuiți o cifră pe fiecare linie)

	Mereu adevărat	**Deseori adevărat**	**Uneori adevărat**	**Rareori adevărat**	**Niciodată adevărat**
Tulburarea mea de înghițire mă deprimă	1	2	3	4	5
Mă enervează să mănânc sau să beau cu grijă.	1	2	3	4	5

Am fost descurajat de tulburarea mea de înghițire.	1	2	3	4	5
Sunt frustrat datorită tulburării mele de înghițire.	1	2	3	4	5
Devin nervos confruntându-mă cu tulburarea mea de înghițire.	1	2	3	4	5

8. Gândiți-vă la viața dvs. socială din ultima lună. Sunteți de acord sau nu cu următoarele afirmații?

(încercuiți o cifră pe fiecare linie)

	Complet de acord	**De acord**	**Nehotărât**	**Dezacord**	**Complet dezacord**
Nu ies să mănânc din cauza tulburării mele de înghițire	1	2	3	4	5
Este dificil să am o viață socială datorită tulburării mele de înghițire	1	2	3	4	5
Activitățile obișnuite de lucru sau de relaxare s-au schimbat din cauza tulburării mele de înghițire	1	2	3	4	5
Nu mă pot bucura de întruniri cu caracter social (cum ar fi sărbători sau întâlniri)	1	2	3	4	5

din cauza tulburării mele de înghițire.					
Rolul meu cu familia și prietenii s-a schimbat din cauza tulburării mele de înghițire.	1	2	3	4	5

9. În ultima lună, **cât de des** ați experimentat fiecare dintre următoarele simptome fizice?

(încercuiți o cifră pe fiecare linie)

	Mereu	**Aproape mereu**	**Uneori**	**Cateodata**	**Niciodată**
Vă simțiți slăbit?	1	2	3	4	5
Vă este greu să adormiți?	1	2	3	4	5
Vă simțiți obosit?	1	2	3	4	5
Vă este greu să rămâneți adormit?	1	2	3	4	5
Vă simțiți epuizat?	1	2	3	4	5

10. Primiți acum mâncare sau lichide printr-un tub de alimentare?

(încercuiți una)

NU.....1

DA.....2

11. Vă rugăm să încercuiți litera uneia dintre descrierile de mai jos care surprinde cel mai bine consistența sau textura alimentelor pe care le-ați consumat cel mai adesea în ultima săptămână.

Încercuți una

- **A.** Încercuiți dacă consumați o dietă complet normală, care ar include o gamă largă de alimente variate, inclusiv elemente greu de mestecat cum ar fi friptură, morcovi, pâine, salată și floricele de porumb.
- **B.** Încercuiți dacă mâncați alimente moi, ușor de mestecat cum ar fi cartofi, conserve de fructe, legume moi preparate, carne tocată sau supe cremă.

C. Încercuiți dacă mâncați alimente care sunt puse într-un mixer sau alimente procesate sau orice altceva care este ca budinca sau mâncarea pasată.
D. Încercați dacă primiți cea mai mare parte a hranei prin tub, dar uneori mâncați îngheață, budincă, sos de mere sau alte alimente care vă plac.
E. Încercați dacă primiți toată hrana prin tub.

12. **Vă rog să încercuiți litera** a uneia dintre descrierile de mai jos care surprinde cel mai bine consistența lichidelor pe care le-ați consumat cel mai des în ultima săptămână.

Încercuiți o literă

A. Încercuiți dacă beți lichide cum ar fi apă, lapte, ceai, suc de fructe și cafea.

B. Încercuiți dacă majoritatea lichidelor pe care le beți sunt groase, cum ar fi sucul de roșii sau nectarul de caise. Astfel de lichide groase picură din lingura dvs. într-un flux lent constant atunci când o întoarceți cu susul în jos.

C. Închideți în cazul în care lichidele dvs. sunt moderat dense, cum ar fi un milkshake gros sau smoothie. Astfel de lichide moderat dense sunt dificil de băut printr-un pai, cum ar fi un milkshake foarte gros, sau picurară din lingură încet, picătură cu picătură atunci când o întoarceți cu susul în jos, ca și miere.

D. Încercați dacă lichidele dvs. sunt foarte groase, cum ar fi budinca. Astfel de lichide foarte groase se vor lipi de o lingură atunci când o întoarceți cu susul în jos, ca și budinca.

E. Încercuiți dacă nu ați îghițit lichide în mod normal sau dacă ați fost limitat la bucăți de gheață.

13. În general, ați spune că starea dvs. de sănătate este:

(încercuiți una)
Slabă.....1

Rezonabilă.....2

Bună.....3

Foarte bună.....4
Excelentă.....5