ADL PAT WC 01

The workbook font was changed on some pages in order to consolidate questionnaires and forms so that pertinent information and tables, etc. were not split.

Therefore, pages 24 & 25 appear to be not included, when in fact, they no longer exist. The last page, however, may be left over from the "old" workbook, with the number 26, making the workbook appear as if there were missing pages.

7/20/06

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/28/06

Step 1: Obtain informed consent.

⇓

Please check expiration date of consent form before signing

Date consent: 6/28/06

Narrative of informed consent process:

Informed consent was obtained on with the following persons present:

1. PI
2. C. Henderson
3. Spouse
   Subject

The following elements of the study were discussed in more detail:
(check all that applies):
(o) clinical testing procedures
(o) imaging
o general or radiation safety
o confidentiality
(o) time commitment
o other:

_____

he research participant communicated understanding of (check all that applies):
(o) 1) main tasks to be completed
(o) 2) number of visits
o 3) one or more potential risks of participation

The average duration of time spent was:
(@) 15 minutes or less
o 16-30 minutes
o more than 30 minutes

orm prepared by: N Bohnen Date 6/28/06

MJF ADL STUDY

ID # ADL DAT NC01		Today's date: 6/29/06

DEMOGRAPHIC/DISEASE/CLINICAL INFORMATION:

What is your gender? (a) *male* / (b) *female*

What is your current age? 81 yr.

What is your:

Hand dominance? (a) *right* / (b) *left* / (c) *ambidextrous*
Do you use the other hand to do anything else? ?
Native Language? English
What is your race? White
What is the highest level of education completed? [redacted]. Grad School. 2 yrs
Occupation? ~~Office Mgt.~~ - CEO - ~~[redacted]~~ Film + TV Producer Soy Food Processor Sales R+D.
Are you a veteran? No
Are you adopted? No

Do you wear glasses? yes If yes, for distance or reading? yes

Do you have any visual impairment? no

Do you have tremor or shaking? (a) *yes* / (b) *no*
[a] If yes, do you know the approximate date of onset of tremor (month / year)?

[b] If yes, do your left and right arm (or legs) shake: (a) *equally* / (b) *left more than right or left only* / (c) *right more than left or right only?*

Do you have balance or gait problems? (a) *yes* / (b) *no* Balance 3x (under pressure Stress)
[a] If yes, do you know the approximate date of onset of balance or gait problems 6/2006 ? - Treatment
month/year

[b] If yes, are you falling? (a) *yes* / (b) *no*

[c] Do medications help tremor or motor problems? (a) *yes* / (b) *no* / (c) n/a

[d] If you do have Parkinson's disease what was the onset of the very first symptom: _____? n/a
month/year

[e] What was the first symptom: _____ n/a

In general, are you more bothered by shaking or balance problems? (a) *more bothered by shaking;* (b) *more bothered by balance problems;* (c) *equally bothersome;* (d) *I do not have shaking or imbalance*

Do you have serious memory or concentration problems? (a) *yes* / (b) *no*
[a] If yes, do you know the approximate date of onset _____?

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/06

month/year

Do you or did you hit your arms or kick your legs while dreaming (acting out dreams) in the middle of the night? (a) *yes* / (b) *no*

[a] If yes, do you know the approximate date of onset _____?
month/year

Do you have restless legs (unpleasant feeling in legs with urgency to move legs, especially when you go to bed at night)? (a) *yes* / (b) *no*

[a] If yes, do you know the approximate date of onset _____?
month/year

Do you feel lightheaded or faint when you get up? (a) *yes* / (b) *no*

Have you passed out in the last few years? (a) *yes* / (b) *no*

Do you suffer from bladder problems (unable to hold urine or difficulties emptying)? (a) *yes* / (b) *no*

Do you speak more softly? (a) *yes* / (b) *no*

Do you live together with somebody else? (a) *yes* / (b) *no*
If yes, who? Spouse

o you need assistance with dressing, bathing or feeding? (a) *yes* / (b) *no*

Do you see things that are not there (visual hallucinations)? (a) *yes* / (b) *no*
[a] If yes, do you know the approximate date of onset (month / year)? _____

Do you here voices that are not there (auditory hallucinations)? (a) *yes* / (b) *no*
[a] If yes, do you know the approximate date of onset (month / year)? _____

Please circle any of the following symptoms if you have them:

(o) constipation	(o) loss of hearing	(o) blue/dusky hands
(o) double vision	(o) difficulty swallowing	(o) severe hip pain
(o) severe foot pain	(o) severe back pain	(o) severe knee pain
(o) severe neck pain	(o) irregular heart beat	

Did you have joint prosthetic surgeries? (a) *yes* (b) *no*
If yes, What Joint(s) _____ (a) *left* (b) *right*
_____ (a) *left* (b) *right*

Do you have drug allergies? (a) *yes* (b) *no*

List: _____

Medications Name / Dosing

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/06

Zocor	
See attached sheet	

Please specify whether you are now taking a certain medication or whether you took a medication in the past but have quit taking it. You can circle the specific medication.

	PAST	CURRENTLY (starting year)	
Sinemet /carbidopa-levodopa; Stalevo	(a) yes; (b) no	(a) yes; (b) no	Yr:
Symmetrel /amantadine; Flumadine/ rimantadine	(a) yes; (b) no	(a) yes; (b) no	Yr:
Permax/pergolide; Mirapex/ pramipexole; Requip/ Ropinirole; Parlodel/ bromocryptine	(a) yes; (b) no	(a) yes; (b) no	Yr:
Eldepryl/ deprenyl/ selegiline	(a) yes; (b) no	(a) yes; (b) no	Yr:
Tasmar/ tolcapone; Comtan/ entacapone	(a) yes; (b) no	(a) yes; (b) no	Yr:
Clozaril/ clozapine; Risperdal/ risperidone; Zyprexa/ clonazapine; Seroquel/ quetiapine	(a) yes; (b) no	(a) yes; (b) no	Yr:
Artane/ trihexyphenidyl; Cogentin/ benztropine	(a) yes; (b) no	(a) yes; (b) no	Yr:
Inderal/ propranolol	(a) yes; (b) no	(a) yes; (b) no	Yr:
ysoline/ primidone	(a) yes; (b) no	(a) yes; (b) no	Yr:
Neuroleptic medications or major tranquillizers, such as Haldol/ haloperidol	(a) yes; (b) no	(a) yes; (b) no	Yr:
Aricept/ donepezil	(a) yes; (b) no	(a) yes; (b) no	Yr:
Clonazepam/ Klonopin	(a) yes; (b) no	(a) yes; (b) no	Yr:

Please specify any other medications that you have taken for shaking or balance problems:

Please indicate whether you are or were taking the following medications:

	PAST	CURRENTLY (starting year)	
Drugs for depression	(a) yes; (b) no	(a) yes; (b) no	Type?
Drugs for anxiety	(a) yes; (b) no	(a) yes; (b) no	Type?
Drugs for migraine headache	(a) yes; (b) no	(a) yes; (b) no	Type?
Drugs for calming down	(a) yes; (b) no	(a) yes; (b) no	Type?
Drugs for memory problems	(a) yes; (b) no	(a) yes; (b) no	Type?
Immunosuppressant drugs	(a) yes; (b) no	(a) yes; (b) no	Type?
Do you smoke	(a) yes; (b) no	(a) yes; (b) no	How much?
If yes, how many years did you smoke & how much?			
Do you drink alcohol	(a) yes; (b) no	(a) yes; (b) no	How much? 1/wk
o you/ Have you taken recreational (street) drugs	(a) yes; (b) no	(a) yes; (b) no	Type?

MJF ADL STUDY

ID # ADL NC01		Today's date: 6/29/06

Did you /do you now have cancer? (a) *yes* (b) *no*
Do you have diabetes? (a) *yes* (b) *no*
Do you have asthma or bronchitis, breathing problems? (a) *yes* (b) *no*
Did you ever have a mini–stroke, TIA? (a) *yes* (b) *no*
Did you ever have a stroke? (a) *yes* (b) *no*
Did you ever have a head injury? With loss of consciousness (a) *yes* (b) *no*
Do you have a bleeding disorder or history of excessive bleeding? (a) *yes* (b) *no*
Did you ever have encephalitis or meningitis? (a) *yes* (b) *no*
Did you ever have a seizure or epilepsy? (a) *yes* (b) *no*
Did you ever have a liver or kidney problems? (a) *yes* (b) *no*
Did you ever have brain surgery? (a) *yes* (b) *no*
Do you have lupus? (a) *yes* (b) *no*
Do you have a history of anxiety? (a) *yes* (b) *no*
Do you have a history of depression? (a) *yes* (b) *no*
Do you have a history of High Blood Pressure/ Hypertension? (a) *yes* (b) *no*
Did you ever have a heart attack/ heart problems? (a) *yes* (b) *no*
Do you have a history of Headaches/Migraines (a) *yes* (b) *no*

Surgeries bovine valve (heart), CABG

Other medical conditions or hospitalizations _____

_____

_____

Females only: Did you have a hysterectomy or tubal ligation? (a) *yes*; (b) *no*
Females only: Are you breastfeeding? (a) *yes*; (b) *no*
Females only: Are you pregnant? (a) *yes*; (b) *no*

Males only: Do you have prostate problems? (a) *yes* (b) *no*

Did you ever participate in research studies? (a) *yes* (b) *no*

If yes, When _____ (mm/yy)? Type? _____

Over the past year, have you had any exposure to radiation in another research study or medical test?

_____

Family history: Is there anybody in your family with Parkinson, Alzheimer, shaking, balance problems, dementia, severe depression, bipolar disorder, schizophrenia or severe nervous breakdowns?
(a) *yes* (b) *no*

6/29/06

MJF ADL STUDY

ID #		Today's date:
ADL NC 01		6/29/06

If yes, please specify the relative (father, mother, child, aunt, uncle) and type of problem:

WHO? Sister aaron DM 6/29/06
WHAT DISEASE?
AGE OF ONSET?

Is there anything else that you would like to inform us about your health or well-being?

Fall Information

1. Are you afraid of falling?	1. Yes 2. No
2. Have you had a fall in the last week?	1. Yes 2. No
3. Did you hurt yourself when you fell?	1. Not at all 2. Just "Bangs and bruises" 3. Had to go to the hospital 9. N/A
4. Did you nearly fall last week but were able to catch your self in time?	1. Yes; aaron DM 6/29/06 If yes: How often _____ 2. No
5. Have you fallen in the last year?	1. Yes 2. No
6. Did you hurt yourself when you fell?	1. Not at all 2. Just "Bangs and bruises" 3. Had to go to the hospital 9. N/A
7. Have you fallen more than once in the last year?	1. Yes; HOW OFTEN: ____ ? 2. No

CLINICAL DIAGNOSIS: (ICD code)		
ABLE TO GIVE CONSENT:	y / n	

MJF ADL STUDY

ID # ADL NC01		Today's date: 6/29/06

INCLUSION: (POST-CONSENT BUT PRE-TESTING CLASSIFICATION)

Yes* no	Any subjects on cholinergic, anti-cholinergic drugs will be excluded from the study. (1). *PDD*: Patients who meet the UK Parkinson's Disease Society Brain Bank Research Center (UKPDSBRC) clinical diagnostic criteria for PD with dementia (MMSE 18-25; n=28; age 50-85 years; M/F) are eligible for the study. Hoehn and Yahr stages I-III.
Yes* (no)	(2) *PD*. Patients with who meet the UKPDSBRC criteria for PD with a MMSE of >25 (n=28; age 50-85 years; M/F). Hoehn and Yahr stages I-III.
(Yes)* no	(3). *Normal control subjects* (n=16) (age 50-85 years; M/F). No current or past history of neurologic or psychiatric illness.

*Include

EXCLUSION:

(NO)	YES (exclude)	(1) Any subjects on cholinergic or anti-cholinergic drugs.
(no)	yes	Subjects who have participated in other research protocols such that their cumulative radiation absorbed dose to whole body, gonads, bone marrow or lens of the eye would exceed 5 Rem, or dose to other body organs is more than 15 Rem in preceding 12 months
no (n/a)	yes	Pregnancy (urine test within 48 hours prior to the balance testing and serum test within 48 hours prior to the PET imaging session) or breastfeeding.
(no)	yes	Contra-indications to MRI.
Negative (n/a)	Positive	If screening X-ray needed was X-ray negative or positive for presence of metallic artifacts?

DIAGNOSTIC RECLASSIFICATION BY DR. BOHNEN (AFTER TEST COMPLETION):

Yes No	(1). *PDD*
Yes No	(2) *PD*
(Yes) No	(3). *Normal control subjects.*
Yes No	(4) Other

PI Screening Questions:

Y (N) Do you have a past or present job or hobby involving metal work?

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/06

Y (N)	Have you ever had a metal fragment in your eyes?
Y (N)	Have you ever had a BB, bullet or shrapnel in your body?
Y (N)	Cardiac pacemaker or defibrillator?
Y (N)	Replacement heart valve?
Y (N)	Aneurysm clips?
Y (N)	Ear implants, or hearing aid?
Y (N)	Artificial body parts?
Y (N)	An intrauterine device (IUD)?
Y (N)	Braces or dentures?
Y (N)	Cochlear implant, bodily implants?
Y (N)	Neurostimulator ("brain pacemaker")?
Y (N)	Body piercing or tattoos?
Y (N)	Do you have trouble with claustrophobia?
Y (N)	Do you think you can lie still in a small space for about 30 minutes?
Y (N)	Do you think you can lie flat and still on a table for 1-2 hours?

MJF ADL STUDY

ID # ADL NC -01		Today's date: 6/29/06

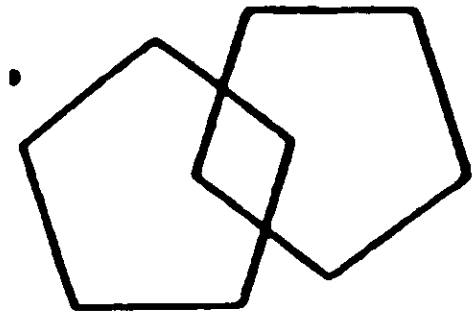
MMSE

Score	max		
5	5	**ORIENTATION** What is the year, season, date, day, month?	Score one point for each correct answer
5	5	Where are we state, country, town, building/office, floor?	Score one point for each correct answer
3	3 (on first try only)	**REGISTRATION** **Apple, table, penny** **Trials: ____**	Say the names of 3 unrelated objects, clearly and slowly, about one second for each. After you have said all 3, ask the patient to repeat them. This first repetition determines his/her score (0-3) but keep saying them until he/she can repeat all 3, up to 6 trials. If all 3 are not eventually learned, recall cannot be meaningfully tested but should nevertheless be attempted.
4	5	**ATTENTION & CALCULATION** Ask the subject to begin with 100 and count backward by 7. Stop after 5 subtractions subtractions (93,86,79,72,65).	Score the total number of correct answers.
(5)	(5)	If the subject cannot or will not perform this task, ask him/her to spell the word "WORLD" backwards.	The score is the numbers of letters in correct order (eg, DLROW=5; DLRW=4; DLORW, DLW=3; OW=2; DRLWO=1).
1	3 (no clues)	**RECALL** Ask the subject to recall the three worlds you previously asked him or her to remember. (Apple)	Score 0-3.
2	2	**LANGUAGE NAMING**: *Name a pencil and watch (2)*	One point for each correct answer
3	3	**COMPREHENSION LISTEN** (3-step): *POINT WITH YOUR RIGHT HAND TO YOUR LEFT EAR WITH YOUR EYES CLOSED (3)*	Score one point for each of the three steps correctly performed
1	1	**COMPREHENSION READING** & OBEYING: *close your eyes (1)* CLOSE YOUR EYES	Ask him/her to read it and do what it says. Allow only one trial. Score 1 point only if he actually closes his eyes.
1	1	**EXPRESSION REPETITION**: *No ifs, ands or buts (1)*	

MJF ADL STUDY

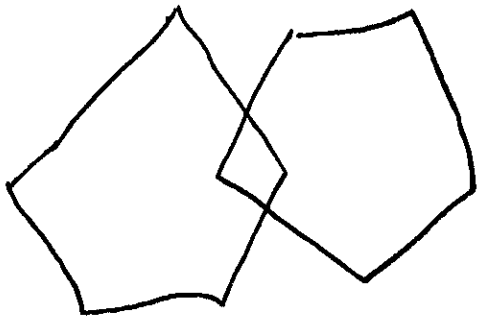
ID # ADL NC01		Today's date: 6/29/06

1	**1**	**EXPRESSION WRITING**: *Write a sentence below (1) "Today is a sunny day in Ann Arbor"*	Correct grammar and punctuation are not necessary.
Time: 10 **(s)**	**X**	Also: time to completion (seconds)	
1	**1**	**COPY** THE DESIGN BELOW	Ask him/her to copy it exactly as it is. All 10 angles must be present, and 2 must intersect to score 1 point. Tremor and rotation are ignored.
28	**/30**	**SUM**	



SENTENCE:

Today is a sunny day in Ann Arbor



MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/28/06

CLINICAL & NEUROLOGICAL ASSESSMENT

Mm/dd/yy	date	date	DATE IF DIFFERENT FROM DATE AT TOP & INITIAL
Parkinson drugs	on off (n/a)	on off (n/a)	
Body weight	~~200~~ 200 lbs		
Height	73"		
MMSE	28 /30		

--

	sit	**stand**			
BLOOD PRESSURE	140/90	142/85			
PULSE	60	60			
	R eye	L eye			
Visual Acuity (corrected)	14/28	14/20			
earing (soft finger snapping)	R ear	L ear			
	4"	0			
Pegboard F	R	L			
2 rows	51 m-sec	56 m-sec			
5 rows (120s)	2:02 m-sec	229.2 m-sec	(149.2)		
	R	L			
Finger tapper mean score	form 42.6	form 40			
	R	L			
SENSATION: Vibration tuning fork (s) ankle	R 0:14:0	L 0:11:0			6/28/06
SENSATION: Cold gradient temp leg Yes / No	y	y			

--

REFLEXES: ANKLE JERK =absent, 1=mild, 2=normal, 3=brisk)	R 2	L 2	R	L	6/28/06

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/28/06

Coordination	(NL) ABN:		6/28/06
Motor strength	(NL) ABN:		6/28/06
Unexpected side-effects clinical testing?	(No) yes	no yes	6/28/06

UNIFIED PARKINSON'S DISEASE RATING SCALE (UPDRS)

NON-MOTOR

I. Mentation, Behavior and Mood. (Items 1-4) *Rate each item on the basis of patient interview.*

1. Intellectual Impairment:
0--None.
1--Mild. Consistent forgetfulness with partial recollection of events and no other difficulties.
2--Moderate memory loss, with disorientation and moderate difficulty handling complex problems. Mild but definite impairment of function at home with need of occasional prompting.
3--Severe memory loss with disorientation for time and often to place. Severe impairment in handling problems.
4--Severe memory loss with orientation preserved to person only. Unable to make judgements or solve problems. Requires much help with personal care. Cannot be left alone at all.

2. Thought Disorder:
(due to dementia or drug intoxication)
0--None.
1--Vivid dreaming.
2--"Benign" hallucinations with insight retained.
3--Occasional to frequent hallucinations or delusions; without insight; could interfere with daily activities.
4--Persistent hallucinations, delusions, or florid psychosis. Not able to care for self.

3. Depression:
0--Not present.
1--Periods of sadness or guilt greater than normal, never sustained for days or weeks.
2--Sustained depression (1 week or more).
3--Sustained depression with vegetative symptoms (insomnia, anorexia, weight loss, loss of interest).
4--Sustained depression with vegetative symptoms and suicidal thoughts or intent.

4. Motivation/Initiative:
0--Normal.
1--Less active than usual; more passive
2--Loss of initiative or disinterest in elective (non-routine) activities
3--Loss of initiative or disinterest in day to day (routine) activities.
4--Withdrawn, complete loss of motivation.

II. Activities of Daily Living. (Items 5-17; Average of a day (on + off combined)
Or: Determine for "on/off") *Rate each item twice: once for "on" periods and once for "off" periods. Make sure patient understands what you mean by "on" and "off" periods and that he or she should answer your questions about daily functional capabilities separately for "on" and "off" periods.*

5. Speech:
0--Normal
1--Mildly affected. No difficulty being understood
2--Moderately affected. Sometimes asked to repeat statements.
3--Severely affected. Frequently asked to repeat statements.
4--Unintelligible most of the time.

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

7. Swallowing:
0--Normal
1--Rare choking
-Occasional choking
3--Requires soft food.
4--Requires NG tube or gastrotomy feeding.

8. Handwriting:
0--Normal
1--Slightly slow or small.
2--Moderately slow or small; all words are legible.
3--Severely affected; not all words are legible.
4--The majority of words are not legible.

MJF ADL STUDY

ID # NC ADL 01		Today's date: 6/28/06

9. Cutting Food and Handling Utensils: 0--Normal 1--Somewhat slow and clumsy, but no help needed. 2--Can cut most foods, although clumsy and slow; some help needed. 3--Food must be cut by someone, but can still feed slowly. 4--Needs to be fed	**10. Dressing:** 0--Normal 1--Somewhat slow, but no help needed. 2--Occasional assistance with buttoning, getting arms in sleeves. 3--Considerable help required, but can do some things. 4--Helpless.
11. Hygiene: 0--Normal 1--Somewhat slow, but no help needed. 2--Needs help to shower or bathe; or very slow in hygienic care. 3--Requires assistance for washing, brushing teeth, combing hair, going to bathroom. 4--Foley catheter or other mechanical aids.	**12. Turning in Bed and Adjusting Bed Clothes:** 0--Normal 1--Somewhat slow and clumsy, but no help needed. 2--Can turn alone or adjust sheets, but with great difficulty. 3--Can initiate, but not turn or adjust sheets alone. 4--Helpless
13. Falling (unrelated to freezing): 0--None 1--Rare falling. 2--Occasionally falls, less than once per day. 3--Fall an average of once per day. 4--Falls more than once daily.	**14. Freezing When Walking:** 0--None 1--Rare freezing when walking; may have start-hesitation. 2--Occasional freezing when walking. 3--Frequent freezing. Occasionally falls from freezing. 4--Frequent falls from freezing.
15. Walking: 0--Normal 1--Mildly difficulty. May not swing arms or may tend to drag leg. 2--Moderate difficulty, but requires little or no assistance. 3--Severe disturbance of walking, requiring assistance. 4--Cannot walk at all, even with assistance.	**16. Tremor:** 0--Absent 1--Slight and infrequently present. 2--Moderate; bothersome to patient. 3--Severe; interferes with many activities. 4--Marked; interferes with most activities.
17. Sensory Complaints Related to Parkinsonism: 0--None 1--Occasionally has numbness, tingling, or mild aching. 2--Frequently has numbness, tingling, or aching; not distressing. 3--Frequent painful sensations. 4--Excruciating Pain.	

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/28/06

MODIFIED UPDRS MOTOR Examination: ON / OFF MEDICATION N/A

Current date _____ & time _____ (Last medication_____: Date _____ & time _____)

A. Facial Expression: (0)--Normal 1--Minimal hypomimia, could be normal "poker face". 2--Slight but definitely abnormal diminution of facial expression. 3--Moderate hypomimia; lips parted some of the time. 4--Masked or fixed faces with severs or complete loss of facial expression; lips parted ° inch or more.	**B. Speech:** (0)--Normal 1--Slight loss of expression, diction or volume. 2--Monotone, slurred but understandable; moderately impaired. 3--Marked impairment, difficult to understand. 4--Unintelligible.
C. Arising From Chair: (Patient attempts to arise from a straight-back chair with arms folded across chest.) (0)--Normal 1--Slow; or may need more than one attempt. 2--Pushes self up from arms of seat. 3--Tends to fall back and may have to try more than one ne, but can get up without help. 4--Unable to arise without help.	**D. Posture:** 0--Normal erect. (1)--Not quite erect, slightly stooped posture; could be normal. 2--Moderately stooped posture, definitely abnormal; can be slightly leaning to one side. 3--Severely stooped posture with kyphosis; can be moderately leaning to one side. 4--Marked flexion with extreme abnormality of posture.
E. Gait: (0)--Normal 1--Walks slowly, may shuffle with short steps, but no festination or propulsion. 2--Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion. 3--Severe disturbance of gait, requiring assistance. 4--Cannot walk at all, even with assistance.	**F. Postural Stability:** (Response to sudden posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart. Patient is prepared.) (0)--Normal 1--Retropulsion, but recovers unaided. 1a-- *Specify: Takes 1 / ≥2 extra step(s).* 2--Absence of postural response; would fall if not caught by examiner. 3--Very unstable, tends to lose balance spontaneously. 4--Unable to stand without assistance.
G. Rigidity (Judged on passive movement of major joints with patient relaxed in sitting position. **Ignore cogwheeling)** RUE: (0) LUE: (0) RLE: (0) LLE: (0) 0--Absent 1--Slight or detectable only when activated by mirror or other movements. 2--Mild to moderate. 3--Marked, but full range of motion easily achieved. 4--Severe, range of motion achieved with difficulty.	**H. Finger Taps** (Patient taps thumb with index finger in rapid succession with widest amplitude possible, rate each hand) R: (0) L: (0) 0--Normal 1--Mild slowing or reduction in amplitude. 2--Moderately impaired. Definite and early fatiguing. May have occasional arrests in hand movement 3--Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4--Can barely perform task.
I. Hand Movements (Patient opens and closes hand in rapid succession with widest amplitude possible, rate each nd) R: (3) L: (0) 0--Normal	**J. Rapid Alternating Movements of Hands** (Pronation-supination movements of hands, vertically or horizontally, with as large an amplitude as possible, rate each hand) R: (0) L: (0) 0--Normal

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/28/06

1--Mild slowing or reduction in amplitude. 2--Moderately impaired. Definite and early fatiguing. May have occasional arrests in hand movement 3--Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4--Can barely perform task.	1--Mild slowing or reduction in amplitude. 2--Moderately impaired. Definite and early fatiguing. May have occasional arrests in hand movement 3--Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4--Can barely perform task.
K. Foot Agility (Patient taps forefoot in rapid succession, maintaining heel on floor, and dorsiflexing the ankle as much as possible): R: 0.5 L: 1 0--Normal 1--Mild slowing or reduction in amplitude. 2--Moderately impaired. Definite and early fatiguing. May have occasional arrests in foot movement 3--Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4--Can barely perform task.	**L. Body Bradykinesia and Hypokinesia:** (Combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general.) (0)-None. 1--Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude. 2--Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude. 3--Moderate slowness, poverty or small amplitude of movement. 4--Marked slowness, poverty or small amplitude of movement.
M. Tremor at Rest RUE: 0 LUE: 0 RLE: 0 LLE: 0 0--Absent 1--Slight and infrequently present 2--Mild in amplitude and persistent, or moderate in amplitude, but only intermittently present. -Moderate in amplitude and present most of the time. 4--Marked in amplitude and present most of the time.	**N. Action or Postural Tremor** (grade each arm): RUE: 0 LUE: 0 0--Absent 1--Slight; present with action. 2--Moderate in amplitude, present with action. 3--Moderate in amplitude with posture holding as well as action. 4--Marked in amplitude; interferes with feeding
X. Arm swing decrease; RUE: 0 LUE: 0 0=normal 1=mild 2=moderate 3=severe 4=absent	**XX. Dyskinesias at time of examination:** TRUNK: 0 RUE: 0 LUE: 0 RLE: 0 LLE: 0 0--Absent 1--Slight 2--Moderate in amplitude 3--Moderate in amplitude 4--Marked in amplitude; bothersome
UPDRS IV DYSKINESIAS (average last month): **(NONE) (0) % <25% 25-50 51-75 >75% of daytime**	**XXX.** Most affected body side? R L symm (n/a)

--

UPDRS-I NON-MOTOR		
UPDRS-II ADL		
UPDRS-III MOTOR		
UPDRS- IV		
UPDRS- TOTAL		

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/28/06

CLINICAL MOTOR TESTS PARKINSON's DISEASE

CHAIR TEST: (0) Normal 1 Able without arms but has difficulties 2 Only able to get up with arms 3 Unable to get up out of chair on own		
PULL BACKWARD TEST: (0) Normal 1 Takes one step backward 2 Takes two steps backward 3 Takes >2 steps backward 4 Would fall if not caught		
HOEHN & YAHR: 0 (No signs of disease) 1 Unilateral disease 1.5 Unilateral and axial involvement 2 Bilateral disease, without impairment of balance 2.5 Mild bilateral disease, with recovery on pull test without rater assistance (takes few steps backward but does not fall) 3 Mild to moderate bilateral disease; will fall on pull test if not caught; physically independent 4 Severe disability; still able to walk or stand unassisted 5 Wheelchair bound or bedridden unless aided		
Timed getting up from chair & walk 3 mtrs and sit back down in chair	0:09:4 sec	
Timed motor walking (from right side main office to door halfway hallway)	0:08:0 sec	
Unexpected side-effects clinical testing?	(No) Yes	

CLINICAL EXAMINER: NM (initial) & date 6/28/06

BEHAVIORAL SCALES

EPWORTH SLEEPING SCALE	no (yes)		
PITTSBURGH SLEEP QUALITY INDEX	no (yes)		
NPI	no (yes)		
CORNELL SCALE	no (yes)		
DIARY STUDY (48 hours)	no yes		
NEUROPSYCH TESTING	no (yes)		
ADL ASSESSMENT	no (yes)		
Unexpected side-effects	(no) yes	no yes	

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/06

--

Parking voucher given? Yes

Subject paid?

IMAGING:			DATE & Initial
MRI	No / (Yes)	SE: (No) / Yes	7/6/06 mj
Screening X-rays needed?	(No) / Yes	No / Yes / (n/a)	
PET	No / (Yes)	SE: (No) / Yes	7/6/06 mj
Pregnancy test needed?	(No) / Yes	Results: Neg / Pos Lot#: (n/a)	

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/06

THE EPWORTH SLEEPINESS SCALE

0 = No Chance of Dozing□1 = Slight Chance of Dozing□2 = Moderate Chance of Dozing□3 = High Chance of Dozing

SITUATION	CHANCE OF DOZING
Sitting and reading	0 1 2 3
Watching TV	0 1 2 3
Sitting inactive in a public place (e.g a theater or a meeting)	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3
Lying down to rest in the afternoon when circumstances permit	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after a lunch without alcohol	0 1 2 3
In a car, while stopped for a few minutes in traffic	0 1 2 3

Total Epworth Score: 8

Total = 7

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/06

Pittsburgh Sleep Quality Index (PSQI)

Instructions: ***The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.***
Please answer all questions.

During the past month,

1. When have you usually gone to bed?
USUAL BEDTIME: 11:30-12:00

2. How long (in minutes) has it taken you to fall asleep each night?
NUMBER OF MINUTES: 15 min

3. When have you usually gotten up in the morning?
USUAL GETTING UP TIME 9:30

4. How many hours of actual sleep did you get that night? (This may be different than the number of hours you spend in bed)
HOURS OF SLEEP PER NIGHT 7.5 hrs

For each of the remaining questions, check the one best response. Please answer all questions.

5. During the past month, how often have you had trouble sleeping because you...

	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
Cannot get to sleep within 30 minutes	✓			
b. Wake up in the middle of the night or early morning				✓
c. Have to get up to use the bathroom				✓
d. Cannot breathe comfortably	✓			
e. Cough or snore loudly	✓			
f. Feel too cold	✓			
g. Feel too hot	✓			
h. Have bad dreams	✓			
i. Have pain	✓			
j. Other reason(s), please describe ....., including how often you have had trouble sleeping because of this?				

avg/score
1: 0
2: 0
3: 0
4: 0
5: 1
6: 0
7: 0

6. During the past month, how would you rate your sleep quality overall?
Very good ✓
Fairly good ____
Fairly bad ____
Very bad ____

MJF ADL STUDY

ID #		Today's date:
ADL NC 01		6/29/06

	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
7. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	✓			
8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	✓			

9. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?

No problem at all	✓
Only a very slight problem	___
Somewhat of a problem	___
A very big problem	___

10. Do you have a bed partner or roommate?

No bed partner or roommate	___
Partner/roommate in other room	___
Partner in same room, but not in same bed	✓

Partner in same bed ___

If you have a roommate or bed partner, ask him/her how often in the past month you have had ...

	Not during the past month (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
(a) Loud snoring	✓			
(b) Long pauses between breaths while asleep	✓			
(c) Legs twitching or jerking while you sleep	✓			
(d) Episodes of disorientation or confusion during sleep	✓			
(e) Other restlessness while you sleep; please describe				

MJF ADL STUDY

ID # ADL NC01		Today's date: 6/29/06

The Neuropsychiatric Inventory-Questionnaire (5/00):

Please answer the following questions based on changes that have occurred since the patient first began to experience memory problems.

Circle "Yes" only if the symptom(s) has been present in the last month. Otherwise, circle "No". For each item marked "Yes":

a) Rate the SEVERITY of the symptom (how it affects the patient):

1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent, a dramatic change)

b) Rate the DISTRESS you experience due to that symptom (how it affects you):

0 = Not distressing at all
1 = Minimal (slightly distressing, not a problem to cope with)
2 = Mild (not very distressing, generally easy to cope with)
3 = Moderate (fairly distressing, not always easy to cope with)
4 = Severe (very distressing, difficult to cope with)
5 = Extreme or Very Severe (extremely distressing, unable to cope with)

Note: If there is NO caretaker then only fill out the SEVERITY questions.

Please answer each question carefully. Ask for assistance if you have any questions.

Delusions — Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Hallucinations — Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Agitation/Aggression — Is the patient resistive to help from others at times, or hard to handle?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Depression/Dysphoria — Does the patient seem sad or say that he /she is depressed?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Anxiety — Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/00

SEVERITY

1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent, a dramatic change)

DISTRESS

0 = Not distressing at all
1 = Minimal (slightly distressing, not a problem to cope with)
2 = Mild (not very distressing, generally easy to cope with)
3 = Moderate (fairly distressing, not always easy to cope with)
4 = Severe (very distressing, difficult to cope with)
5 = Extreme or Very Severe (extremely distressing, unable to cope with)

Elation/Euphoria — Does the patient appear to feel too good or act excessively happy?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Apathy/Indifference — Does the patient seem less interested in his/her usual activities or in the activities and plans of others?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Disinhibition — Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Irritability/Lability — Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Motor Disturbance — Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Nightime Behaviors — Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

Appetite/Eating — Has the patient lost or gained weight, or had a change in the type of food he/she likes?

Yes **No** **SEVERITY: 1 2 3** **DISTRESS: 0 1 2 3 4 5**

MJF ADL STUDY

ID # ADL NC 01		Today's date: 6/29/00

NPI-Q SUMMARY

	No	Total (Severity)	Caregiver Distress
Delusions	0	1 2 3	0 1 2 3 4 5
Hallucinations	0	1 2 3	0 1 2 3 4 5
Agitation/Aggression	0	1 2 3	0 1 2 3 4 5
Dysphoria/Depression	0	1 2 3	0 1 2 3 4 5
Anxiety	0	1 2 3	0 1 2 3 4 5
Euphoria/Elation	0	1 2 3	0 1 2 3 4 5
Apathy/Indifference	0	1 2 3	0 1 2 3 4 5
Disinhibition	0	1 2 3	0 1 2 3 4 5
Irritability/Lability	0	1 2 3	0 1 2 3 4 5
Aberrant Motor	0	1 2 3	0 1 2 3 4 5
Nighttime Behavior	0	1 2 3	0 1 2 3 4 5
Appetite/Eating	0	1 2 3	0 1 2 3 4 5
TOTAL		2	2

MJF ADL STUDY

ID # ADL NC01		Today's date: 6/29/06

Cornell Scale for Depression in Dementia

INTERVIEW BASED or CARETAKER

Scoring System

A = unable to evaluate 0 = absent 1 = mild or intermittent 2 = severe

Ratings should be based on symptoms and signs occurring during the week prior to interview. No score should be given in symptoms result from physical disability or illness.

A. Mood-Related Signs	A	0	1	2
1. Anxiety: anxious expression, ruminations, worrying		✓		
2. Sadness: sad expression, sad voice, tearfulness		✓		
3. Lack of reactivity to pleasant events		✓		
4. Irritability: easily annoyed, short-tempered		✓		
B. Behavioral Disturbance				
5. Agitation: restlessness, handwringing, hairpulling		✓		
6. Retardation: slow movement, slow speech, slow reactions		✓		
. Multiple physical complaints (score 0 if GI symptoms only)		✓		
8. Loss of interest: less involved in usual activities (score only if change occurred acutely, i.e. in less than 1 month)		✓		
C. Physical Signs				
9. Appetite loss: eating less than usual		✓		
10. Weight loss (score 2 if greater than 5 lb. in 1 month)		✓		
11. Lack of energy: fatigues easily, unable to sustain activities (score only if change occurred acutely, i.e., in less than 1 month)		✓		
D. Cyclic Functions				
12. Diurnal variation of mood: symptoms worse in the morning		✓		
13. Difficulty falling asleep: later than usual for this individual		✓		
14. Multiple awakenings during sleep		✓		
15. Early morning awakening: earlier than usual for this individual		✓		
E. Ideational Disturbance				
16. Suicide: feels life is not worth living, has suicidal wishes or makes suicide attempt		✓		
17. Poor self esteem: self-blame, self-depreciation, feelings of failure		✓		
18. Pessimism: anticipation of the worst		✓		
19. Mood congruent delusions: delusions of poverty, illness, or oss		✓		