

Form B3: Unified Parkinson's Disease Rating Scale (UPDRS¹) - Motor Exam

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B3. **Check only one box per question.**



(Optional) If the clinician completes the UPDRS examination and determines all items are normal, check this box. If this box is checked, all items will default to 0 in the database.

1. Speech	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Slight loss of expression, diction and/or volume <input type="checkbox"/> 2 Monotone, slurred but understandable; moderately impaired.	<input type="checkbox"/> 3 Marked impairment, difficult to understand. <input type="checkbox"/> 4 Unintelligible <input type="checkbox"/> 8 Untestable (SPECIFY): _____
2. Facial expression	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Minimal hypomimia, could be normal "poker face" <input type="checkbox"/> 2 Slight but definitely abnormal diminution of facial expression	<input type="checkbox"/> 3 Moderate hypomimia; lips parted some of the time <input type="checkbox"/> 4 Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inches or more <input type="checkbox"/> 8 Untestable (SPECIFY): _____
3. Tremor at rest		
3a. Face, lips, chin	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight and infrequently present <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time <input type="checkbox"/> 4 Marked in amplitude and present most of the time <input type="checkbox"/> 8 Untestable (SPECIFY): _____
3b. Right hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight and infrequently present <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time <input type="checkbox"/> 4 Marked in amplitude and present most of the time <input type="checkbox"/> 8 Untestable (SPECIFY): _____

¹ Fahn S, Elton RL, UPDRS Development Committee. The Unified Parkinson's Disease Rating Scale. In Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent developments in Parkinson's disease, Vol. 2. Florham Park, NJ: Macmillan Healthcare Information, 1987:153-163, 293-304. Reproduced by permission of the author.

3. Tremor at rest*continued...*

3c. Left hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight and infrequently present <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time <input type="checkbox"/> 4 Marked in amplitude and present most of the time <input type="checkbox"/> 8 Untestable (SPECIFY): _____
3d. Right foot	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight and infrequently present <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time <input type="checkbox"/> 4 Marked in amplitude and present most of the time <input type="checkbox"/> 8 Untestable (SPECIFY): _____
3e. Left foot	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight and infrequently present <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time <input type="checkbox"/> 4 Marked in amplitude and present most of the time <input type="checkbox"/> 8 Untestable (SPECIFY): _____

4. Action or postural tremor of hands

4a. Right hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight; present with action <input type="checkbox"/> 2 Moderate in amplitude, present with action	<input type="checkbox"/> 3 Moderate in amplitude with posture holding as well as action <input type="checkbox"/> 4 Marked in amplitude; interferes with feeding <input type="checkbox"/> 8 Untestable (SPECIFY): _____
4b. Left hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight; present with action <input type="checkbox"/> 2 Moderate in amplitude, present with action	<input type="checkbox"/> 3 Moderate in amplitude with posture holding as well as action <input type="checkbox"/> 4 Marked in amplitude; interferes with feeding <input type="checkbox"/> 8 Untestable (SPECIFY): _____

5. Rigidity*(judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)*

5a. Neck	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements <input type="checkbox"/> 2 Mild to moderate	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty <input type="checkbox"/> 8 Untestable (SPECIFY): _____
5b. Right upper extremity	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements <input type="checkbox"/> 2 Mild to moderate	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty <input type="checkbox"/> 8 Untestable (SPECIFY): _____

5. Rigidity*continued...*

5c. Left upper extremity	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements <input type="checkbox"/> 2 Mild to moderate	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty <input type="checkbox"/> 8 Untestable (SPECIFY): _____
5d. Right lower extremity	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements <input type="checkbox"/> 2 Mild to moderate	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty <input type="checkbox"/> 8 Untestable (SPECIFY): _____
5e. Left lower extremity	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements <input type="checkbox"/> 2 Mild to moderate	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty <input type="checkbox"/> 8 Untestable (SPECIFY): _____

6. Finger taps*(patient taps thumb with index finger in rapid succession)*

6a. Right hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____
6b. Left hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____

7. Hand movements*(patient opens and closes hands in rapid succession)*

7a. Right hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____
7b. Left hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____

8. Rapid alternating movements of hands*(pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)*

8a. Right hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____
8b. Left hand	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____

9. Leg agility*(patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)*

9a. Right leg	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____
9b. Left leg	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (SPECIFY): _____

10. Arising from chair <i>(patient attempts to rise from a straight-backed chair, with arms folded across chest)</i>	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Slow; or may need more than one attempt. <input type="checkbox"/> 2 Pushes self up from arms of seat.	<input type="checkbox"/> 3 Tends to fall back and may have to try more than one time, but can get up without help. <input type="checkbox"/> 4 Unable to arise without help <input type="checkbox"/> 8 Untestable (SPECIFY): _____
11. Posture	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Not quite erect, slightly stooped posture; could be normal for older person. <input type="checkbox"/> 2 Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.	<input type="checkbox"/> 3 Severely stooped posture with kyphosis; can be moderately leaning to one side. <input type="checkbox"/> 4 Marked flexion with extreme abnormality of posture. <input type="checkbox"/> 8 Untestable (SPECIFY): _____

12. Gait	<p>Check the <u>most</u> appropriate box:</p> <p><input type="checkbox"/> 0 Normal</p> <p><input type="checkbox"/> 1 Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion.</p> <p><input type="checkbox"/> 2 Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.</p>	<p><input type="checkbox"/> 3 Severe disturbance of gait requiring assistance.</p> <p><input type="checkbox"/> 4 Cannot walk at all, even with assistance.</p> <p><input type="checkbox"/> 8 Untestable (SPECIFY): _____</p>
13. Posture stability <i>(response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared)</i>	<p>Check the <u>most</u> appropriate box:</p> <p><input type="checkbox"/> 0 Normal erect</p> <p><input type="checkbox"/> 1 Retropulsion, but recovers unaided.</p> <p><input type="checkbox"/> 2 Absence of postural response; would fall if not caught by examiner.</p>	<p><input type="checkbox"/> 3 Very unstable, tends to lose balance spontaneously.</p> <p><input type="checkbox"/> 4 Unable to stand without assistance.</p> <p><input type="checkbox"/> 8 Untestable (SPECIFY): _____</p>
14. Body bradykinesia and hypokinesia <i>(combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general)</i>	<p>Check the <u>most</u> appropriate box:</p> <p><input type="checkbox"/> 0 None</p> <p><input type="checkbox"/> 1 Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude.</p> <p><input type="checkbox"/> 2 Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.</p>	<p><input type="checkbox"/> 3 Moderate slowness, poverty or small amplitude of movement.</p> <p><input type="checkbox"/> 4 Marked slowness, poverty or small amplitude of movement.</p> <p><input type="checkbox"/> 8 Untestable (SPECIFY): _____</p>