ID: Date:

1.0

Characterizing Freezing of Gait

This questionnaire will ask you questions about Freezing of Gait, which is defined as the sudden inability to move your feet forward during walking and is often described as feeling 'glued' to the floor. For the first section please circle the appropriate answers.

Have you ever experienced any Freezing of Gait?

				Yes		No			
If you have answered "Yes" above, please complete the following questions.									
1.1 How often do you experience Freezing of Gait?									
Once/	ace/year Once/month Once/week Once/day More than once/day							once/day	
1.2 If you answered "More than once/day": On average, how many Freezing of Gait episodes do you experience on a daily basis?									
N/A	A	1-2		3-5		6-10		11-20	>20
2.0 How long do your Freezing of Gait episodes typically last?									
1-2s	ec	3-5sec		6-10sec		11-15sec		16-20sec	>20sec
3.0 What time of the day do you experience the most Freezing of Gait?									
Morn	ing	Noon		Evening		Night		No diffe	rence
4.0 How does your medication influence the amount of Freezing of Gait you experience?									
		Improves		Worsens		No change	I	do not take m	edication
5.0	5.0 How does deep brain stimulation (DBS) influence the amount of Freezing of Gait you experience?								
						No change		I do not hav	e DBS

ID: Date:

In this following section we ask you about certain triggers that can cause some people to experience Freezing of Gait. Please circle the appropriate number next to each question to indicate how often that trigger causes you to experience Freezing of Gait

		Never	Rare	Sometimes	Often	Always
1	When you turn on the spot (e.g. turning in the kitchen)	0	1	2	3	4
2	When you turn to go around a corner	0	1	2	3	4
3	When you talk while you are walking	0	1	2	3	4
4	When you are distracted by someone or something	0	1	2	3	4
5	When you are trying to rush/hurry	0	1	2	3	4
6	When you are feeling anxious	0	1	2	3	4
7	When you walk through a doorway	0	1	2	3	4
8	When you are in a cluttered environment	0	1	2	3	4
9	When you have to take the first step after standing up	0	1	2	3	4
10	When you have to take the first step after turning around	0	1	2	3	4
11	When you walk in the dark	0	1	2	3	4
12	When you walk up a sloped surface	0	1	2	3	4

Please identify any other common scenarios that also cause Freezing of Gait t	0
occur that were not listed above.	

Sum of Scores: 1-2____; 3-4____; 5-6 ____; 7-8____; 9-10 ____; 11-12 _____

ID: Date:

In the next section we ask you to rate the effectiveness of certain strategies that some people use to reduce Freezing of Gait. Please circle the appropriate number next to each question to indicate how effective that strategy is for you.

Never - I have never used this strategy

Rare - This strategy is rarely effective at overcoming a freezing episode;

Sometime - This strategy is sometimes (but not consistently) effective

Often - This strategy almost always helps to overcome a freezing

Always - This strategy completely prevents me from having a freezing episode

		Never	Rare	Sometime	Often	Always
1	Singing a song	0	1	2	3	4
2	Taking a few deep breaths	0	1	2	3	4
3	Using a target (e.g. lines on the ground)	0	1	2	3	4
4	Kicking a ball on a string	0	1	2	3	4
5	Focusing on something other than my feet (e.g. focusing on your breathing)	0	1	2	3	4
6	Pretending to climb up stairs (e. g. lifting knees high)	0	1	2	3	4
7	Stepping over someone's feet or a string attached to my walking stick	0	1	2	3	4
8	Counting (e.g. "1-2-3" or "Left-Right- Left-Right" or "Ready-Set-Go!")	0	1	2	3	4
9	Using a laser light projected on the floor	0	1	2	3	4
10	Stepping to the beat of a metronome	0	1	2	3	4

Please identify any other strategies that you use to typically overcome a freezing
episode that were not listed above.

4.0	**	. 16				n. 1.	_			
1.0	Have you ever experienced freezing in your speech (e.g. Finding your speech suddenly stopping or not being able to start despite knowing what you want to say)?									
		Yes		No						
1.1	If yes, approx	ximately how ofto	en doe	s this occur?						
	Rarely	Sometimes		Regularly		Very Often				
2.0	Have you ever experienced freezing in your arms/hands (e.g. trying to get your mail out of your mailbox, when writing, using the computer, etc.)?									
		Yes		No						
2.1	If yes, approx	ximately how ofto	en doe	s this occur?						
	Rarely	Sometimes		Regularly		Very Often				
3.0	Have you ever experienced freezing in your legs/feet when you were NOT walking (e.g. wiping your feet, to draw your chair up to the table, etc.)									
		Yes		No						
3.1	If yes, approx	ximately how ofto	en doe	s this occur?						
	Rarely	Sometimes		Regularly		Very Often				
Are the	ere any situatio	ons or triggers tha	at caus	e you to exper	ience t	the types of				

Date:

ID:

You have completed the questionnaire. Thank you.