

## Appendix I

### New Freezing of Gait Questionnaire

#### Part I – Distinction Freezer – non-Freezer, over the past month

##### 1. Did you experience “freezing episodes” over the past month?

*Freezing is the feeling that your feet are transiently glued to the floor while trying to initiate walking, making a turn or when walking through narrow spaces or in crowded places? Sometimes it can be accompanied with trembling of the legs and small shuffling steps.*

0. I have not experienced such a feeling or episode over the past month

1. I have experienced such a feeling or episode over the past month

*If the answer is 1 (patient is a freezer) complete part II and III. The sum of part II and III is the final NFOG score.*

#### Part II – Freezing severity

##### 2. How frequently do you experience freezing episodes?

0. Less than once a week

1. Not often, about once a week

2. Often, about once a day

3. Very often, more than once a day

**3. How frequently do you experience freezing episodes during turning?**

0. Never

1. Rarely, about one a month

2. Not often, about once a week

3. Often, about once a day

4. Very often, more than once a day

**If the answer is 1 or more go to question #4. If the answer is 0, go directly to #5.**

**4. How long is your longest freezing episode during turning?**

1. Very short, 1 sec

2. Short, 2 - 5 s.

3. Long, between 5 and 30 s.

4. Very long, unable to walk for more than 30 s.

**5. How frequently do you experience episodes of freezing when initiating the first step?**

0. Never

1. Rarely, about once a month

2. Not often, about once a week
3. Often, about once a day
4. Very often, more than once a day

**If the answer 1 or more go to question #6. If the answer is 0, go directly to #7.**

**6. How long is your longest freezing episode when initiating the first step?**

1. Very short, 1 s.
2. Short, 2-5 s.
3. Long, between 5 and 30 s.
4. Very long, unable to walk for more than 30 s.

**Part III – Freezing impact on daily life**

**7. How disturbing are the freezing episodes for your daily walking?**

0. Not at all
1. Very little
2. Moderately
3. Significantly

**8. Do the freezing episodes cause feelings of insecurity and fear of falling?**

- 0. Not at all**
- 1. Very little**
- 2. Moderately**
- 3. Significantly**

**9. Are your freezing episodes affecting your daily activities?**

**(Rate the impact of freezing on daily activities only. Not the impact of the disease in general)**

- 0. Not at all, I continue doing things as normal**
- 1. Mildly, I avoid only few daily activities**
- 2. Moderately, I avoid a significant amount (about half) of daily activities**
- 3. Severely, I am very restricted in carrying out most daily activities**