

Draft PRO: How does Freezing of gait affect your life?

Freezing of gait (FOG): Difficulty moving my feet when wanting to move in any direction because they feel glued to the floor when I want to walk or turn.

Based on the past 4 weeks, please rate the following items considering both the ON and OFF medication state:

1. How often does freezing of gait affect your current physical function?

(For example- being able to do things that require moving around. It includes activities at home, like getting dressed or fixing a meal, get to the bathroom, shower, getting a glass of water)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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2. Freezing of gait affects my ability to walk or turn independently (without assistance from someone or a walker or cane or using furniture)

(For example – my ability to move safely [without falling] around my home and/or community)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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3. Freezing of gait affects my ability to walk or turn without risk of injury or falling

(For example – I have nearly fallen (stumbling or using my hands to catch myself) or I fear I will fall due to freezing, or I avoid walking when I feel I cannot walk safely due to freezing)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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4. Freezing of gait affects my ability to initiate movement after I catch myself from a near fall.

(For example – when I lose my balance and cannot catch it with my feet but find support from a wall or furniture, it is difficult to start moving again)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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5. Freezing of gait makes it difficult for me to multi-task.

(For example – it is difficult to walk/turn and talk at the same time, or carry thing;, it is difficult to pay attention to anything but my walking)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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6. Freezing of gait requires me to use tricks to walk or turn

(For example, a laser light, an auditory cue , counting, deep breathing, etc.)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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7. Freezing of gait affects my desire to engage in social relationships with others

(For example – I am reluctant to attend family events or neighborhood gatherings, or I am uncomfortable interacting with people, or meeting up with a friend)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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8. Freezing of gait affects my ability to do the things I enjoy doing for fun

(For example – FOG impacts my ability to do my leisure activities like golfing, tennis, biking, hiking, doing art, music and other hobbies)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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9. Freezing of gait affects my ability to work.

(For example – FOG impacts my ability to do chores around the house, or FOG impacts my ability to do my job)

0- Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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10. Freezing of gait affects my ability to engage in crowded events or public spaces.

(For example – FOG impacts my ability to get groceries, go to a shopping mall, leave my house, go to a restaurant, concert halls, parade, museum exhibition)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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11. Freezing of gait makes it difficult for me to walk or turn in specific places.

(For example, on an airplane, in a bathroom, through a doorway, entering an elevator or closet, crossing the street at a traffic light)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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12. Freezing of gait makes it difficult to walk on challenging surfaces.

(For example – walking on sand, down a ramp, over or around obstacles on the floor, etc.)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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13. Freezing of gait affects my willingness to engage in new tasks and/or activities that I otherwise would have.

(For example-start exercising in a new gym, learn a new sport, travelling, visiting a new place or store or restaurant, and not knowing what I am going to face at that location)

0- Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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14. Freezing of gait affects my emotions

(For example – FOG impacts my stress levels and/or feelings such as worry, anxiety, embarrassment, sadness, feeling not being in control, feeling as though I am not myself)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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15. Freezing of gait affects my confidence

(For example – FOG makes me worry that people will see me in a new way due to freezing, I fear people will not understand why I am freezing)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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16. Freezing of gait affects my sense of self-worth

(For example - FoG makes me feel less useful, I miss who I was without freezing of gait)

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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17. In the last 4 weeks, rate how much has FOG impacted your overall quality of life.

0 – Never	1- Rarely	2- Sometimes	3- Often	4- Almost Always
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Total Score: 0-68