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### VISUOSPATIAL / EXECUTIVE

- **Copy cube**
  - Points: \( \_/5 \)

### NAMING
- **Copy cube**
  - Points: \( \_/3 \)

### MEMORY
- **Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.**
  - Points: \( \_/3 \)
  - **Face**
  - **Velvet**
  - **Church**
  - **Daisy**
  - **Red**

### ATTENTION
- **Read list of digits (1 digit/sec.).**
  - Subject has to repeat them in the forward order: \[ \_2 \_1 \_8 \_5 \_4 \]
  - Points: \( \_/2 \)
  - Subject has to repeat them in the backward order: \[ \_7 \_4 \_2 \]

- **Read list of letters. The subject must tap with his hand at each letter A. No points if \( \geq 2 \) errors**
  - Points: \( \_/1 \)
  - **FBACMNAAJKLBAFAKDEAAAJAMOFAB**

- **Serial 7 subtraction starting at 100**
  - Points: \( \_/3 \)
  - \[ \_93 \_86 \_79 \_72 \_65 \]

### LANGUAGE
- **Repeat: I only know that John is the one to help today.**
  - Points: \( \_/2 \)
  - The cat always hid under the couch when dogs were in the room.

- **Fluency / Name maximum number of words in one minute that begin with the letter F**
  - Points: \( \_/1 \)
  - \( \_\ ) (N \( \geq 11 \) words)

### ABSTRACTION
- **Similarity between e.g. banana - orange = fruit**
  - \( \_/2 \)
  - train - bicycle
  - watch - ruler

### DELAYED RECALL
- **Has to recall words WITH NO CUE**
  - Points: \( \_/5 \)

### ORIENTATION
- **Date**
  - Points: \( \_/6 \)
  - **Month**
  - **Year**
  - **Day**
  - **Place**
  - **City**

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© Z. Nasreddine MD  Version 7.1  www.mocatest.org  Normal \( \geq 26 \)/30  Add 1 point if \( \leq 12 \) yr edu
Montreal Cognitive Assessment (MoCA)

Administration and Scoring Instructions

The Montreal Cognitive Assessment (MoCA) was designed as a rapid screening instrument for mild cognitive dysfunction. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Time to administer the MoCA is approximately 10 minutes. The total possible score is 30 points; a score of 26 or above is considered normal.

1. Alternating Trail Making:

   **Administration:** The examiner instructs the subject: "Please draw a line, going from a number to a letter in ascending order. Begin here [point to (1)] and draw a line from 1 then to A then to 2 and so on. End here [point to (E)]."

   **Scoring:** Allocate one point if the subject successfully draws the following pattern: 1 –A- 2- B- 3- C- 4- D- 5- E, without drawing any lines that cross. Any error that is not immediately self-corrected earns a score of 0.

2. Visuoconstructional Skills (Cube):

   **Administration:** The examiner gives the following instructions, pointing to the cube: “Copy this drawing as accurately as you can, in the space below”.

   **Scoring:** One point is allocated for a correctly executed drawing.
   - Drawing must be three-dimensional
   - All lines are drawn
   - No line is added
   - Lines are relatively parallel and their length is similar (rectangular prisms are accepted)

   A point is not assigned if any of the above-criteria are not met.

3. Visuoconstructional Skills (Clock):

   **Administration:** Indicate the right third of the space and give the following instructions: “Draw a clock. Put in all the numbers and set the time to 10 after 11”.

   **Scoring:** One point is allocated for each of the following three criteria:
   - Contour (1 pt.): the clock face must be a circle with only minor distortion acceptable (e.g., slight imperfection on closing the circle);
   - Numbers (1 pt.): all clock numbers must be present with no additional numbers; numbers must be in the correct order and placed in the approximate quadrants on the clock face; Roman numerals are acceptable; numbers can be placed outside the circle contour;
   - Hands (1 pt.): there must be two hands jointly indicating the correct time; the hour hand must be clearly shorter than the minute hand; hands must be centred within the clock face with their junction close to the clock centre.

   A point is not assigned for a given element if any of the above-criteria are not met.
4. **Naming:**

**Administration:** Beginning on the left, point to each figure and say: “Tell me the name of this animal”.

**Scoring:** One point each is given for the following responses: (1) camel or dromedary, (2) lion, (3) rhinoceros or rhino.

5. **Memory:**

**Administration:** The examiner reads a list of 5 words at a rate of one per second, giving the following instructions: “This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn’t matter in what order you say them”. Mark a check in the allocated space for each word the subject produces on this first trial. When the subject indicates that (s)he has finished (has recalled all words), or can recall no more words, read the list a second time with the following instructions: “I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.” Put a check in the allocated space for each word the subject recalls after the second trial.

At the end of the second trial, inform the subject that (s)he will be asked to recall these words again by saying, “I will ask you to recall those words again at the end of the test.”

**Scoring:** No points are given for Trials One and Two.

6. **Attention:**

**Forward Digit Span:** **Administration:** Give the following instruction: “I am going to say some numbers and when I am through, repeat them to me exactly as I said them”. Read the five number sequence at a rate of one digit per second.

**Backward Digit Span:** **Administration:** Give the following instruction: “Now I am going to say some more numbers, but when I am through you must repeat them to me in the backwards order.” Read the three number sequence at a rate of one digit per second.

**Scoring:** Allocate one point for each sequence correctly repeated, (N.B.: the correct response for the backwards trial is 2-4-7).

**Vigilance:** **Administration:** The examiner reads the list of letters at a rate of one per second, after giving the following instruction: “I am going to read a sequence of letters. Every time I say the letter A, tap your hand once. If I say a different letter, do not tap your hand”.

**Scoring:** Give one point if there is zero to one errors (an error is a tap on a wrong letter or a failure to tap on letter A).
Serial 7s: **Administration:** The examiner gives the following instruction: “Now, I will ask you to count by subtracting seven from 100, and then, keep subtracting seven from your answer until I tell you to stop.” Give this instruction twice if necessary.

**Scoring:** This item is scored out of 3 points. Give no (0) points for no correct subtractions, 1 point for one correction subtraction, 2 points for two-to-three correct subtractions, and 3 points if the participant successfully makes four or five correct subtractions. Count each correct subtraction of 7 beginning at 100. Each subtraction is evaluated independently; that is, if the participant responds with an incorrect number but continues to correctly subtract 7 from it, give a point for each correct subtraction. For example, a participant may respond “92 – 85 – 78 – 71 – 64” where the “92” is incorrect, but all subsequent numbers are subtracted correctly. This is one error and the item would be given a score of 3.

7. **Sentence repetition:**

   **Administration:** The examiner gives the following instructions: “I am going to read you a sentence. Repeat it after me, exactly as I say it [pause]: *I only know that John is the one to help today.*” Following the response, say: “Now I am going to read you another sentence. Repeat it after me, exactly as I say it [pause]: *The cat always hid under the couch when dogs were in the room.*”

   **Scoring:** Allocate 1 point for each sentence correctly repeated. Repetition must be exact. Be alert for errors that are omissions (e.g., omitting "only", "always") and substitutions/additions (e.g., "John is the one who helped today;" substituting "hides" for "hid", altering plurals, etc.).

8. **Verbal fluency:**

   **Administration:** The examiner gives the following instruction: “Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? [Pause] Now, tell me as many words as you can think of that begin with the letter F. [time for 60 sec]. Stop.”

   **Scoring:** Allocate one point if the subject generates 11 words or more in 60 sec. Record the subject’s response in the bottom or side margins.

9. **Abstraction:**

   **Administration:** The examiner asks the subject to explain what each pair of words has in common,starting with the example: “Tell me how an orange and a banana are alike”. If the subject answers in a concrete manner, then say only one additional time: “Tell me another way in which those items are alike”. If the subject does not give the appropriate response (fruit), say, “Yes, and they are also both fruit.” Do not give any additional instructions or clarification.

   After the practice trial, say: “Now, tell me how a train and a bicycle are alike”. Following the response, administer the second trial, saying: “Now tell me how a ruler and a watch are alike”. Do not give any additional instructions or prompts.
Scoring: Only the last two item pairs are scored. Give 1 point to each item pair correctly answered. The following responses are acceptable:

Train-bicycle = means of transportation, means of travelling, you take trips in both;
Ruler-watch = measuring instruments, used to measure.

The following responses are not acceptable: Train-bicycle = they have wheels; Ruler-watch = they have numbers.

10. **Delayed recall:**

**Administration:** The examiner gives the following instruction: “I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember. Make a check mark (✓) for each of the words correctly recalled spontaneously without any cues, in the allocated space.

**Scoring:** Allocate 1 point for each word recalled freely without any cues.

**Optional:**
Following the delayed free recall trial, prompt the subject with the semantic category cue provided below for any word not recalled. Make a check mark (✓) in the allocated space if the subject remembered the word with the help of a category or multiple-choice cue. Prompt all non-recalled words in this manner. If the subject does not recall the word after the category cue, give him/her a multiple choice trial, using the following example instruction, “Which of the following words do you think it was, NOSE, FACE, or HAND?”

Use the following category and/or multiple-choice cues for each word, when appropriate:

FACE: category cue: part of the body multiple choice: nose, face, hand
VELVET: category cue: type of fabric multiple choice: denim, cotton, velvet
CHURCH: category cue: type of building multiple choice: church, school, hospital
DAISY: category cue: type of flower multiple choice: rose, daisy, tulip
RED: category cue: a colour multiple choice: red, blue, green

**Scoring:** No points are allocated for words recalled with a cue. A cue is used for clinical information purposes only and can give the test interpreter additional information about the type of memory disorder. For memory deficits due to retrieval failures, performance can be improved with a cue. For memory deficits due to encoding failures, performance does not improve with a cue.

11. **Orientation:**

**Administration:** The examiner gives the following instructions: “Tell me the date today”. If the subject does not give a complete answer, then prompt accordingly by saying: “Tell me the [year, month, exact date, and day of the week].” Then say: “Now, tell me the name of this place, and which city it is in.”

**Scoring:** Give one point for each item correctly answered. The subject must tell the exact date and the exact place (name of hospital, clinic, office). No points are allocated if subject makes an error of one day for the day and date.

**TOTAL SCORE:** Sum all subscores listed on the right-hand side. Add one point for an individual who has 12 years or fewer of formal education, for a possible maximum of 30 points. A final total score of 26 and above is considered normal.
**Berg Balance Scale**

The Berg Balance Scale (BBS) was developed to measure balance among older people with impairment in balance function by assessing the performance of functional tasks. It is a valid instrument used for evaluation of the effectiveness of interventions and for quantitative descriptions of function in clinical practice and research. The BBS has been evaluated in several reliability studies. *A recent study of the BBS, which was completed in Finland, indicates that a change of eight (8) BBS points is required to reveal a genuine change in function between two assessments among older people who are dependent in ADL and living in residential care facilities.*

**Description:**
14-item scale designed to measure balance of the older adult in a clinical setting.

**Equipment needed:** Ruler, two standard chairs (one with arm rests, one without), footstool or step, stopwatch or wristwatch, 15 ft walkway

**Completion:**
- **Time:** 15-20 minutes
- **Scoring:** A five-point scale, ranging from 0-4. “0” indicates the lowest level of function and “4” the highest level of function. Total Score = 56

**Interpretation:**
- 41-56 = low fall risk
- 21-40 = medium fall risk
- 0 –20 = high fall risk

A change of 8 points is required to reveal a genuine change in function between 2 assessments.
### Percent Probability of Falling Based on Berg Balance Score

Diane Wrisley, PhD, PT, NCS


#### Table 9-9. Percent Probability of Falling Based on Berg Balance Score (BBS) and Fall History

<table>
<thead>
<tr>
<th>Berg Score</th>
<th>No Falls in the Last 6 Months (%)</th>
<th>One Fall in the Last 6 Months (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>56</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>55</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>54</td>
<td>5</td>
<td>33</td>
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<tr>
<td>53</td>
<td>6</td>
<td>39</td>
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<td>52</td>
<td>7</td>
<td>45</td>
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<td>51</td>
<td>9</td>
<td>51</td>
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<td>50</td>
<td>12</td>
<td>60</td>
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<td>49</td>
<td>14</td>
<td>63</td>
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<td>48</td>
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<td>69</td>
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<td>74</td>
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<td>31</td>
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<td>80</td>
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<tr>
<td>35</td>
<td>85</td>
<td>99</td>
</tr>
<tr>
<td>34</td>
<td>88</td>
<td>99</td>
</tr>
<tr>
<td>33</td>
<td>90</td>
<td>99</td>
</tr>
</tbody>
</table>

BBS: 0 to 20 = high risk for falling; 21 to 40 = medium risk for falling; and 41 to 56 = low risk for falling.

Modified Falls Efficacy Scale (MFES)

Developed by: National Ageing Research Institute (adapted from Tinetti et al, 1990)
Format: Form
Availability: Download form <PDF version> <Word version>
Download guidelines <PDF version> <Word version>

A one-page form, consisting of 14 questions each related to a particular activity (for example getting dressed, taking a bath, crossing roads etc). Unlike the original Falls Efficacy Scale (developed by Tinetti et al, 1990), this scale includes a greater range of outdoor activities. The questions aim to determine how confidently clients feel they are able to undertake each activity on a scale of 0 (not confident at all) to 10 (completely confident).

An evaluation of the MFES was reported in: Hill, K., J. Schwarz, et al. (1996). ‘Fear of falling revisited.’ Archives of Physical Medicine and Rehabilitation 77: 1025-1029. These preliminary findings indicated that the MFES was both a reliable and valid measure of falls self-efficacy.

In 2009 the Department of Health funded Northern Health, in conjunction with National Ageing Research Institute, to review falls prevention resources for the Department of Health’s website. The materials used as the basis of this generic resource were developed by National Ageing Research Institute under a Service Agreement with the Department of Human Services, now the Department of Health. Other resources to maintain health and wellbeing of older people are available from www.health.vic.gov.au/agedcare
On a scale of 0 to 10, how confident are you that you can do each of these activities without falling, with 0 meaning “not confident/not sure at all”, 5 being “fairly confident/fairly sure”, and 10 being “completely confident/completely sure”?

**NOTE:**
- If you have stopped doing the activity at least partly because of being afraid of falling, score a 0;
- If you have stopped an activity purely because of a physical problem, leave that item blank (these items are not included in the calculation of the average MFES score).
- If you do not currently do the activity for other reasons, please rate that item based on how you perceive you would rate if you had to do the activity today.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not confident at all</th>
<th>Fairly confident</th>
<th>Completely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get dressed and undressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prepare a simple meal</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3. Take a bath or a shower</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4. Get in/out of a chair</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5. Get in/out of bed</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. Answer the door or telephone</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>7. Walk around the inside of your house</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>8. Reach into cabinets or closet</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>9. Light housekeeping</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>10. Simple shopping</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>11. Using public transport</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>12. Crossing roads</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>13. Light gardening or hanging out the washing*</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>14. Using front or rear steps at home</td>
<td></td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

* rate most commonly performed of these activities

Average score/item rated = ......../........

= ........

Modified Falls Efficacy Scale (MFES) Guidelines

The guidelines aim to provide users with information to conduct and interpret the results obtained by the Modified Falls Efficacy Scale. This information has been taken from the Manual for clinical outcome measurement in adult neurological physiotherapy (2nd edition, available from the Australian Physiotherapy Association).

**Type of measure:**
Self report measure of falls efficacy, also commonly called fear of falling. Modification of original 10 item Falls Efficacy Scale (Tinetti et al, 1990).

**Equipment required:** 14 item questionnaire

**Time required to perform test:** Varies, 5 – 15 minutes

**Test procedure:**
Has been reported as interviewer administered questionnaire (Hill et al, 1996). Subject is asked to rate their confidence in performing each of 14 activities without falling on a 0 – 10 scale. An overall score is calculated by averaging the scores for all items which were rated (ie – score out of 10).

**Normative scores:**
Average score of 9.8 (range 9.2 – 10) for sample of healthy women (mean age 74.1 years, sd 4.0) (Hill et al, 1999)

**Reliability:**
- High retest reliability in older sample of fallers and non-fallers (ICC=0.95) (Hill et al, 1996).

**Validity:**
- Significantly lower MFES score in female stroke subjects who had returned home and were community ambulant (mean score 7.4, sd 1.1), compared to age matched controls (Hill, 1998).
- Significantly lower MFES score in female Parkinson’s disease subjects who were community ambulant (mean score 7.2, sd 1.5), compared to age matched controls (Hill, 1998).
- Significantly lower MFES score in people with polio compared to aged and gender matched controls (Hill and Stinson, 2004).
- Improved MFES in high falls risk older women who wore hip protectors (Cameron et al, 2000).
Strengths and limitations:
- appears sensitive to mild levels of loss of confidence
- needs further validation in neurological samples

References:

In 2009 the Department of Health funded Northern Health, in conjunction with National Ageing Research Institute, to review falls prevention resources for the Department of Health’s website. The materials used as the basis of this generic resource were developed by National Ageing Research Institute under a Service Agreement with the Department of Human Services, now the Department of Health. Other resources to maintain health and wellbeing of older people are available from www.health.vic.gov.au/agedcare
Dynamic Gait Index

Description:
Developed to assess the likelihood of falling in older adults. Designed to test eight facets of gait.

Equipment needed: Box (Shoebox), Cones (2), Stairs, 20’ walkway, 15” wide

Completion:

- **Time:** 15 minutes
- **Scoring:** A four-point ordinal scale, ranging from 0-3. “0” indicates the lowest level of function and “3” the highest level of function.

Total Score = 24

**Interpretation:**
- ≤ 19/24 = predictive of falls in the elderly
- > 22/24 = safe ambulators

1. Gait level surface
   **Instructions:** Walk at your normal speed from here to the next mark (20’)
   **Grading:** Mark the lowest category that applies.
   - (3) Normal: Walks 20’, no assistive devices, good speed, no evidence for imbalance, normal gait pattern
   - (1) Moderate Impairment: Walks 20’, slow speed, abnormal gait pattern, evidence for imbalance.
   - (0) Severe Impairment: Cannot walk 20’ without assistance, severe gait deviations or imbalance.

2. Change in gait speed
   **Instructions:** Begin walking at your normal pace (for 5’), when I tell you “go,” walk as fast as you can (for 5’). When I tell you “slow,” walk as slowly as you can (for 5’).
   **Grading:** Mark the lowest category that applies.
   - (3) Normal: Able to smoothly change walking speed without loss of balance or gait deviation. Shows a significant difference in walking speeds between normal, fast and slow speeds.
   - (2) Mild Impairment: Is able to change speed but demonstrates mild gait deviations, or not gait deviations but unable to achieve a significant change in velocity, or uses an assistive device.
   - (1) Moderate Impairment: Makes only minor adjustments to walking speed, or accomplishes a change in speed with significant gait deviations, or changes speed but has significant gait deviations, or changes speed but loses balance but is able to recover and continue walking.
   - (0) Severe Impairment: Cannot change speeds, or loses balance and has to reach for wall or be caught.

3. Gait with horizontal head turns
   **Instructions:** Begin walking at your normal pace. When I tell you to “look right,” keep walking straight, but turn your head to the right. Keep looking to the right until I tell you, “look left,” then keep walking straight and turn your head to the left. Keep your head to the left until I tell you “look straight,” then keep walking straight, but return your head to the center.
   **Grading:** Mark the lowest category that applies.
   - (3) Normal: Performs head turns smoothly with no change in gait.
   - (2) Mild Impairment: Performs head turns smoothly with slight change in gait velocity, i.e., minor disruption to smooth gait path or uses walking aid.
   - (1) Moderate Impairment: Performs head turns with moderate change in gait velocity, slows down, staggers but recovers, can continue to walk.
   - (0) Severe Impairment: Performs task with severe disruption of gait, i.e., staggers outside 15” path, loses balance, stops, reaches for wall.
4. Gait with vertical head turns

Instructions: Begin walking at your normal pace. When I tell you to “look up,” keep walking straight, but tip your head up. Keep looking up until I tell you, “look down,” then keep walking straight and tip your head down. Keep your head down until I tell you “look straight,” then keep walking straight, but return your head to the center.

Grading: Mark the lowest category that applies.

(3) Normal: Performs head turns smoothly with no change in gait.
(2) Mild Impairment: Performs head turns smoothly with slight change in gait velocity, i.e., minor disruption to smooth gait path or uses walking aid.
(1) Moderate Impairment: Performs head turns with moderate change in gait velocity, slows down, staggers but recovers, can continue to walk.
(0) Severe Impairment: Performs task with severe disruption of gait, i.e., staggers outside 15” path, loses balance, stops, reaches for wall.

5. Gait and pivot turn

Instructions: Begin walking at your normal pace. When I tell you, “turn and stop,” turn as quickly as you can to face the opposite direction and stop.

Grading: Mark the lowest category that applies.

(3) Normal: Pivot turns safely within 3 seconds and stops quickly with no loss of balance.
(2) Mild Impairment: Pivot turns safely in > 3 seconds and stops with no loss of balance.
(1) Moderate Impairment: Turns slowly, requires verbal cueing, requires several small steps to catch balance following turn and stop.
(0) Severe Impairment: Cannot turn safely, requires assistance to turn and stop.

6. Step over obstacle

Instructions: Begin walking at your normal speed. When you come to the shoebox, step over it, not around it, and keep walking.

Grading: Mark the lowest category that applies.

(3) Normal: Is able to step over the box without changing gait speed, no evidence of imbalance.
(2) Mild Impairment: Is able to step over box, but must slow down and adjust steps to clear box safely.
(1) Moderate Impairment: Is able to step over box but must stop, then step over. May require verbal cueing.
(0) Severe Impairment: Cannot perform without assistance.

7. Step around obstacles

Instructions: Begin walking at normal speed. When you come to the first cone (about 6’ away), walk around the right side of it. When you come to the second cone (6’ past first cone), walk around it to the left.

Grading: Mark the lowest category that applies.

(3) Normal: Is able to walk around cones safely without changing gait speed; no evidence of imbalance.
(2) Mild Impairment: Is able to step around both cones, but must slow down and adjust steps to clear cones.
(1) Moderate Impairment: Is able to clear cones but must significantly slow, speed to accomplish task, or requires verbal cueing.
(0) Severe Impairment: Unable to clear cones, walks into one or both cones, or requires physical assistance.

8. Steps

Instructions: Walk up these stairs as you would at home, i.e., using the railing if necessary. At the top, turn around and walk down.

Grading: Mark the lowest category that applies.

(3) Normal: Alternating feet, no rail.
(2) Mild Impairment: Alternating feet, must use rail.
(1) Moderate Impairment: Two feet to a stair, must use rail.
(0) Severe Impairment: Cannot do safely.

TOTAL SCORE: ___ / 24

References:
6-Minute Walk Test

Description: The 6-Minute Walk test is a measure of endurance.

Equipment: stopwatch, rolling tape measure, track/loop walkway

Instructions: Monitor vital signs before and after each test if indicated. Assure patient safety throughout the test. Give the same verbal instructions each time. "When I say 'go', I want you to walk around this [track]. Keep walking until I say 'stop' or until you are too tired to go any further. If you need to rest, you can stop until you feel ready to go again. I am interested in measuring how far you can walk. You can begin when I say 'go'.” Time the subject for 6 minutes, then say ‘stop’. Measure the distance walked.

Stop testing based on the following criteria:

1. C/o angina symptoms (chest pain or tightness)
2. Any of the following symptoms:
   a. Light-headedness
   b. Confusion
   c. Ataxia, staggering unsteadiness
   d. Pallor
   e. Cyanosis
   f. Nausea
   g. Marked dyspnea
   h. Unusual fatigue
   i. Signs of peripheral circulatory insufficiency
   j. Claudication or other significant pain
   k. Facial expressions signifying distress
3. Abnormal cardiac responses
   a. Systolic blood pressure drops > 10 mmHg
   b. Systolic blood pressure rises < 250 mmHg
   c. Diastolic blood pressure rises to > 120 mmHg
   d. Heart rate drops more than 15 beats per minute (given the subject was walking the last minutes of the test versus resting)

Notify physician if test is terminated for any of the above reasons.

6-Minute Walk Test Distances: Means and Standard Deviations by Age and Gender (Meters)

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender (N)</th>
<th>Mean</th>
<th>SD</th>
<th>Normal Range (2SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>Male (15)</td>
<td>572</td>
<td>92</td>
<td>388-756</td>
</tr>
<tr>
<td></td>
<td>Female (22)</td>
<td>538</td>
<td>92</td>
<td>354-722</td>
</tr>
<tr>
<td>70-79</td>
<td>Male (14)</td>
<td>527</td>
<td>85</td>
<td>357-697</td>
</tr>
<tr>
<td></td>
<td>Female (22)</td>
<td>471</td>
<td>75</td>
<td>321-621</td>
</tr>
<tr>
<td>80-89</td>
<td>Male (8)</td>
<td>417</td>
<td>73</td>
<td>271-563</td>
</tr>
<tr>
<td></td>
<td>Female (15)</td>
<td>392</td>
<td>85</td>
<td>222-562</td>
</tr>
</tbody>
</table>

Timed Up and Go (TUG) Test

Name:___________________________  MR: ______________________   Date:_______

1. Equipment: arm chair, tape measure, tape, stopwatch.

2. Begin the test with the subject sitting correctly (hips all of the way to the back of the seat) in a chair with arm rests. The chair should be stable and positioned such that it will not move when the subject moves from sit to stand. The subject is allowed to use the arm rests during the sit – stand and stand – sit movements.

3. Place a piece of tape or other marker on the floor 3 meters away from the chair so that it is easily seen by the subject.

4. Instructions: “On the word GO you will stand up, walk to the line on the floor, turn around and walk back to the chair and sit down. Walk at your regular pace.

5. Start timing on the word “GO” and stop timing when the subject is seated again correctly in the chair with their back resting on the back of the chair.

6. The subject wears their regular footwear, may use any gait aid that they normally use during ambulation, but may not be assisted by another person. There is no time limit. They may stop and rest (but not sit down) if they need to.

7. Normal healthy elderly usually complete the task in ten seconds or less. Very frail or weak elderly with poor mobility may take 2 minutes or more.

8. The subject should be given a practice trial that is not timed before testing.

9. Results correlate with gait speed, balance, functional level, the ability to go out, and can follow change over time.

Normative Reference Values by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Time in Seconds (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 – 69 years</td>
<td>8.1 (7.1 – 9.0)</td>
</tr>
<tr>
<td>70 – 79 years</td>
<td>9.2 (8.2 – 10.2)</td>
</tr>
<tr>
<td>80 – 99 years</td>
<td>11.3 (10.0 – 12.7)</td>
</tr>
</tbody>
</table>

Cut-off Values Predictive of Falls by

<table>
<thead>
<tr>
<th>Group</th>
<th>Time in Seconds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Dwelling Frail Older Adults</td>
<td>&gt; 14 associated with high fall risk</td>
</tr>
<tr>
<td>Post-op hip fracture patients at time of discharge³</td>
<td>&gt; 24 predictive of falls within 6 months after hip fracture</td>
</tr>
<tr>
<td>Frail older adults</td>
<td>&gt; 30 predictive of requiring assistive device for ambulation and being dependent in ADLs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>
References


Additional References

The Activities-specific Balance Confidence (ABC) Scale*

Instructions to Participants:
For each of the following, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady from choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as if you were using these supports. If you have any questions about answering any of these items, please ask the administrator.

The Activities-specific Balance Confidence (ABC) Scale*

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

0% 10 20 30 40 50 60 70 80 90 100%
no confidence completely confident

“How confident are you that you will not lose your balance or become unsteady when you…

1. ...walk around the house? ____%
2. ...walk up or down stairs? ____%
3. ...bend over and pick up a slipper from the front of a closet floor ____%
4. ...reach for a small can off a shelf at eye level? ____%
5. ...stand on your tiptoes and reach for something above your head? ____%
6. ...stand on a chair and reach for something? ____%
7. ...sweep the floor? ____%
8. ...walk outside the house to a car parked in the driveway? ____%
9. ...get into or out of a car? ____%
10. ...walk across a parking lot to the mall? ____%
11. ...walk up or down a ramp? ____%
12. ...walk in a crowded mall where people rapidly walk past you? ____%
13. ...are bumped into by people as you walk through the mall? ____%
14. ...step onto or off an escalator while you are holding onto a railing? ____%
15. ...step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing? ____%
16. ...walk outside on icy sidewalks? ____%

<table>
<thead>
<tr>
<th>POSTURE SCORE SHEET</th>
<th>Name</th>
<th>GOOD - 10</th>
<th>FAIR - 5</th>
<th>POOR - 0</th>
<th>SCORING DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT</td>
<td>RIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEAD ERECT; GRAVITY LINE PASSES DIRECTLY THROUGH CENTER</td>
<td>HEAD TWISTED OR TURNED TO ONE SIDE SLIGHTLY</td>
<td>HEAD TWISTED OR TURNED TO ONE SIDE MARKEDLY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SHOULDERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT</td>
<td>RIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOULDER LEVEL (HORIZONTALLY)</td>
<td>ONE SHOULDER SLIGHTLY HIGHER THAN OTHER</td>
<td>ONE SHOULDER MARKEDLY HIGHER THAN OTHER</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>SPINE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT</td>
<td>RIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPINE STRAIGHT</td>
<td>SPINE SLIGHTLY CURVED LATERALLY</td>
<td>SPINE MARKEDLY CURVED LATERALLY</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIPS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEFT</td>
<td>RIGHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPS LEVEL (HORIZONTALLY)</td>
<td>ONE HIP SLIGHTLY HIGHER</td>
<td>ONE HIP MARKEDLY HIGHER</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>ANKLES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEET POINTED STRAIGHT AHEAD</td>
<td>FEET POINTED OUT</td>
<td>FEET POINTED OUT MARKEDLY ANKLES SAG IN (PROTRUSIONS)</td>
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<tr>
<td><strong>NECK</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>NECK SLIGHTLY FORWARD; CHIN SLIGHTLY OUT</td>
<td>NECK MARKEDLY FORWARD; CHIN MARKEDLY OUT</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UPPER BACK</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UPPER BACK NORMALLY ROUNDED</td>
<td>UPPER BACK SLIGHTLY MORE ROUNDED</td>
<td>UPPER BACK MARKEDLY ROUNDED</td>
<td></td>
</tr>
<tr>
<td><strong>TRUNK</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TRUNK ERECT TO REAR SLIGHTLY</td>
<td>TRUNK INCLINED TO REAR SLIGHTLY</td>
<td>TRUNK INCLINED TO REAR MARKEDLY</td>
<td></td>
</tr>
<tr>
<td><strong>ABDOMEN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>ABDOMEN FLAT</td>
<td>ABDOMEN PROTRUDING</td>
<td>ABDOMEN PROTRUDING AND SAGGING</td>
<td></td>
</tr>
<tr>
<td><strong>LOWER BACK</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>LOWER BACK NORMALLY CURVED</td>
<td>LOWER BACK SLIGHTLY HOLLOW</td>
<td>LOWER BACK MARKEDLY HOLLOW</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SCORES
Reedco Posture Score Sheet

Population: Adult population

Description: The Reedco Posture Score Sheet was designed to be an easy to administer tool for diagnosing a patient with poor posture.

Mode of Administration: The Reedco Posture Score Sheet is a task performance exam.

Completion:

Time to Complete: 10 minutes

Time to Score: The time to score is included in the time to complete.

Scoring: The patient is observed standing from the side and from the back, and is scored based on their posture.

The patient is rated based on ten postural areas. Each area is scored on a scale from 0 to 10; with 0 being a poor and 10 being a good rating. (See score sheet for more information.)

Interpretation: See score sheet for interpretation.

Reliability: Inter-rater reliability was tested in a study of 202 subjects for the four variables of forward head, dorsal kyphosis, trunk inclination, and lumbar lordosis. Three physical therapists tested the patients and then alpha coefficients were calculated. The alpha coefficient had a range of 0.899 to 0.915 indicating a very good level of interrater reliability.

Validity: not reported

UNIFIED PARKINSON’S DISEASE RATING SCALE

I. MENTATION, BEHAVIOR AND MOOD

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
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 assertive than usual; more passive.
2 = Loss of initiative or disinterest in elective (nonroutine) activities.
3 = Loss of initiative or disinterest in day to day (routine) activities.
4 = Withdrawn, complete loss of motivation.

II. ACTIVITIES OF DAILY LIVING (for both "on" and "off")

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.
2 = 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.

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 alone.
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 = Falls an average of once daily.
4 = Falls more than once daily.

14. Freezing when walking
0 = None.
1 = Rare freezing when walking; may have starthesitation.
2 = Occasional freezing when walking.
3 = Frequent freezing. Occasionally falls from freezing.
4 = Frequent falls from freezing.

15. Walking
0 = Normal.
1 = Mild 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 (Symptomatic complaint of tremor in any part of body.)
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.

III. MOTOR EXAMINATION

18. Speech
0 = Normal.
1 = Slight loss of expression, diction and/or volume.
2 = Monotone, slurred but understandable; moderately impaired.
3 = Marked impairment, difficult to understand.
4 = Unintelligible.

19. 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 facies with severe or complete loss of facial expression; lips parted 1/4 inch or more.
20. Tremor at rest (head, upper and lower extremities)
0 = Absent.
1 = Slight and infrequently present.
2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present.
3 = Moderate in amplitude and present most of the time.
4 = Marked in amplitude and present most of the time.

21. Action or Postural Tremor of hands
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.

22. Rigidity (Judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored.)
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.

23. Finger Taps (Patient taps thumb with index finger in rapid succession.)
0 = Normal.
1 = Mild slowing and/or reduction in amplitude.
2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.
3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.
4 = Can barely perform the task.

24. Hand Movements (Patient opens and closes hands in rapid succession.)
0 = Normal.
1 = Mild slowing and/or reduction in amplitude.
2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.
3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.
4 = Can barely perform the task.

25. Rapid Alternating Movements of Hands (Pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously.)
0 = Normal.
1 = Mild slowing and/or reduction in amplitude.
2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.
3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.
4 = Can barely perform the task.

26. Leg Agility (Patient taps heel on the ground in rapid succession picking up entire leg. Amplitude should be at least 3 inches.)
0 = Normal.
1 = Mild slowing and/or reduction in amplitude.
2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.
3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.
4 = Can barely perform the task.

27. Arising from Chair (Patient attempts to rise from a straight-backed 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 time, but can get up without help.
4 = Unable to arise without help.

28. Posture
0 = Normal erect.
1 = Not quite erect, slightly stooped posture; could be normal for older person.
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.

29. Gait
0 = Normal.
1 = Walks slowly, may shuffle with short steps, but no festination (hastening steps) 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.
30. **Postural Stability** (Response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart. Patient is prepared.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal.</td>
</tr>
<tr>
<td>1</td>
<td>Retropulsion, but recovers unaided.</td>
</tr>
<tr>
<td>2</td>
<td>Absence of postural response; would fall if not caught by examiner.</td>
</tr>
<tr>
<td>3</td>
<td>Very unstable, tends to lose balance spontaneously.</td>
</tr>
<tr>
<td>4</td>
<td>Unable to stand without assistance.</td>
</tr>
</tbody>
</table>

31. **Body Bradykinesia and Hypokinesia** (Combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None.</td>
</tr>
<tr>
<td>1</td>
<td>Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude.</td>
</tr>
<tr>
<td>2</td>
<td>Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.</td>
</tr>
<tr>
<td>3</td>
<td>Moderate slowness, poverty or small amplitude of movement.</td>
</tr>
<tr>
<td>4</td>
<td>Marked slowness, poverty or small amplitude of movement.</td>
</tr>
</tbody>
</table>

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**IV. COMPLICATIONS OF THERAPY (In the past week)**

A. **DYSKINESIAS**

32. **Duration: What proportion of the waking day are dyskinesias present?** (Historical information.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None.</td>
</tr>
<tr>
<td>1</td>
<td>1-25% of day.</td>
</tr>
<tr>
<td>2</td>
<td>26-50% of day.</td>
</tr>
<tr>
<td>3</td>
<td>51-75% of day.</td>
</tr>
<tr>
<td>4</td>
<td>76-100% of day.</td>
</tr>
</tbody>
</table>

33. **Disability: How disabling are the dyskinesias?** (Historical information; may be modified by office examination.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not disabling.</td>
</tr>
<tr>
<td>1</td>
<td>Mildly disabling.</td>
</tr>
<tr>
<td>2</td>
<td>Moderately disabling.</td>
</tr>
<tr>
<td>3</td>
<td>Severely disabling.</td>
</tr>
<tr>
<td>4</td>
<td>Completely disabled.</td>
</tr>
</tbody>
</table>

34. **Painful Dyskinesias: How painful are the dyskinesias?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No painful dyskinesias.</td>
</tr>
<tr>
<td>1</td>
<td>Slight.</td>
</tr>
<tr>
<td>2</td>
<td>Moderate.</td>
</tr>
<tr>
<td>3</td>
<td>Severe.</td>
</tr>
<tr>
<td>4</td>
<td>Marked.</td>
</tr>
</tbody>
</table>

35. **Presence of Early Morning Dystonia** (Historical information.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No.</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

B. **CLINICAL FLUCTUATIONS**

36. **Are "off" periods predictable?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No.</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

37. **Are "off" periods unpredictable?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No.</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

38. **Do "off" periods come on suddenly, within a few seconds?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No.</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

39. **What proportion of the waking day is the patient "off" on average?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>None.</td>
</tr>
<tr>
<td>1</td>
<td>1-25% of day.</td>
</tr>
<tr>
<td>2</td>
<td>26-50% of day.</td>
</tr>
<tr>
<td>3</td>
<td>51-75% of day.</td>
</tr>
<tr>
<td>4</td>
<td>76-100% of day.</td>
</tr>
</tbody>
</table>

C. **OTHER COMPLICATIONS**

40. **Does the patient have anorexia, nausea, or vomiting?**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No.</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
41. Any sleep disturbances, such as insomnia or hypersomnolence?
0 = No
1 = Yes

42. Does the patient have symptomatic orthostasis?
( Record the patient’s blood pressure, height and weight on the scoring form)
0 = No
1 = Yes

V. MODIFIED HOEHN AND YAHR STAGING

STAGE 0 = No signs of disease.
STAGE 1 = Unilateral disease.
STAGE 1.5 = Unilateral plus axial involvement.
STAGE 2 = Bilateral disease, without impairment of balance.
STAGE 2.5 = Mild bilateral disease, with recovery on pull test.
STAGE 3 = Mild to moderate bilateral disease; some postural instability; physically independent.
STAGE 4 = Severe disability; still able to walk or stand unassisted.
STAGE 5 = Wheelchair bound or bedridden unless aided.

VI. SCHWAB AND ENGLAND ACTIVITIES OF DAILY LIVING SCALE

100% = Completely independent. Able to do all chores without slowness, difficulty or impairment. Essentially normal. Unaware of any difficulty.
90% = Completely independent. Able to do all chores with some degree of slowness, difficulty and impairment. Might take twice as long. Beginning to be aware of difficulty.
80% = Completely independent in most chores. Takes twice as long. Conscious of difficulty and slowness.
70% = Not completely independent. More difficulty with some chores. Three to four times as long in some. Must spend a large part of the day with chores.
60% = Some dependency. Can do most chores, but exceedingly slowly and with much effort. Errors; some impossible.
50% = More dependent. Help with half, slower, etc. Difficulty with everything.
40% = Very dependent. Can assist with all chores, but few alone.
30% = With effort, now and then does a few chores alone or begins alone. Much help needed.
20% = Nothing alone. Can be a slight help with some chores. Severe invalid.
10% = Totally dependent, helpless. Complete invalid.
0% = Vegetative functions such as swallowing, bladder and bowel functions are not functioning. Bedridden.
Activities of Daily Living
Parkinson Patient Questionnaire

For each of these 13 questions, check the one statement which best describes the difficulties you've been having because of your Parkinson's disease over the past six months. These questions refer to the part of the day when your medicine is providing you with maximum benefit.

1. Have you noticed that your speech has changed? Do you have problems speaking?
   □ (0) No. My speech is normal.
   □ (1) Yes. My speech is mildly affected, but I have no difficulty being understood.
   □ (2) Yes. My speech is moderately affected and I am sometimes asked to repeat myself.
   □ (3) Yes. My speech is severely affected and I am sometimes asked to repeat myself.
   □ (4) Yes. My speech is so severely affected that it is very hard for people to understand me.

2. Have you noticed that you have too much saliva?
   □ (0) No. I do not have too much saliva and I never drool.
   □ (1) Yes. I have a slight excess of saliva. Sometimes I drool onto my pillow at night.
   □ (2) Yes. I have a moderate excess of saliva and I occasionally drool during the daytime.
   □ (3) Yes. I have a marked excess of saliva and I often drool during the daytime.
   □ (4) Yes. I have so much drooling that I often carry a tissue or handkerchief.

Do you have problems swallowing or do you choke on your food?
   □ (0) No. I do not have a problem with swallowing, and I do not choke.
   □ (1) Yes. I have problems with swallowing, but I rarely choke.
   □ (2) Yes. I have problems with swallowing and I occasionally choke.
   □ (3) Yes. I have problems with swallowing requiring me to eat soft food.
   □ (4) Yes. I am unable to swallow and must use a nasogastric or gastrostomy tube.

4. Have you noticed a change in your handwriting? Do you have difficulty writing?
   □ (0) No. My handwriting is normal.
   □ (1) Yes. My handwriting is slightly slow or small.
   □ (2) Yes. My handwriting is moderately slow or small, but all of the words are readable.
   □ (3) Yes. My handwriting is severely affected. Not all of the words are readable.
   □ (4) Yes. My handwriting is so severely affected. Most of the words are not readable.

5. Do you have a slowness or difficulty using utensils or cutting your food?
   □ (0) No. I do not have slowness or difficulty using utensils or cutting my food.
   □ (1) Yes. I am a little slow or clumsy, but I am able to feed myself without help.
   □ (2) Yes. I am slow and clumsy. I need help cutting some types of food.
   □ (3) Yes. Someone must cut my food, but I am still able to feed myself.
   □ (4) Yes. I am unable to feed myself. Someone else feeds me.

6. Do you have some difficulties with dressing?
   □ (0) No. I do not have slowness or difficulty with dressing.
   □ (1) Yes. I am a little slow, but I don’t need help.
   □ (2) Yes. I am slow and I sometimes need help buttoning buttons, tying shoe laces, or getting my arm into a sleeve.
   □ (3) Yes. I need a lot of help getting dressed, but I can still do some things alone.
   □ (4) Yes. I am unable to get dressed without assistance.

(OVER)
Activities of Daily Living

Parkinson Patient Questionnaire

Have you slowed down or are you experiencing problems with hygiene (bathing, brushing your teeth, combing your hair, going to the bathroom)?

(0) No. I am not slow with these activities.
(1) Yes. I am a little slow with my hygiene, but I do not need help.
(2) Yes. I am slow with my hygiene and I need help to shower and bathe.
(3) Yes. I need help with washing, brushing my teeth, combing my hair, and going to the bathroom.
(4) Yes. I need help with all of my hygiene and I have a Foley catheter.

8. Do you have difficulty turning in bed or adjusting the sheets?

(0) No. I do not have difficulty turning in bed or adjusting the sheets.
(1) Yes. I am a little clumsy and slow with turning in bed and adjusting the sheets, but I do not need help.
(2) Yes. I am only able to turn or adjust the sheets with great difficulty.
(3) Yes. I am able to start turning, but am unable to do it without help.
(4) Yes. I am unable to turn in bed or adjust the sheets without help.

9. Do you have problems with falling?

(0) No. I do not fall.
(1) Yes. I rarely fall.
(2) Yes. I occasionally fall, but less than once a day.
(3) Yes. I fall an average of one time per day.
(4) Yes. I fall an average of more than one time per day.

10. Do you have freezing while you are walking? (“Freezing” occurs when you are unable to walk for a few seconds because your feet seem to be stuck to the ground.)

(0) No. I do not have “freezing”.
(1) Yes. I have “freezing” when I walk, but this happens rarely; or sometimes, when I first start to walk, I have “freezing”.
(2) Yes. I occasionally have “freezing” when I walk.
(3) Yes. I frequently have “freezing” when I walk. I occasionally fall because of the “freezing”.
(4) Yes. I frequently have “freezing” when I walk. I frequently fall because of the “freezing”.

11. Has your walking changed? Is it difficult to walk?

(0) No. My walking and my arm swing have not changed.
(1) Yes. I don’t swing my arm or I tend to drag my leg.
(2) Yes. I have a moderate amount of difficulty with walking, but usually don’t need assistance.
(3) Yes. I have severe problems with walking and usually need assistance.
(4) Yes. I can’t walk at all, even when someone tries to help me.

12. Do you have a visible tremor anywhere in your body?

(0) No. I do not have visible tremor.
(1) Yes. I have a slight visible tremor that is infrequently present.
(2) Yes. I have a moderate amount of tremor. The tremor bothers me.
(3) Yes. I have a severe tremor and it interferes with many activities.
(4) Yes. I have a severe tremor and it interferes with most activities.

13. Do you have numbness, tingling, discomfort, or aching, which you attribute to your Parkinson’s disease?

(0) No. I do not have numbness, tingling, or aching, which I attribute to my Parkinson’s disease.
(1) Yes. I have occasional numbness, tingling, or aching, which I attribute to my Parkinson’s disease.
(2) Yes. I frequently have numbness, tingling, or aching, which I attribute to my Parkinson’s disease.
(3) Yes. I have frequent painful sensations, which I attribute to my Parkinson’s disease.
(4) Yes. I have excruciating pain, which I attribute to my Parkinson’s disease.
**Parkinson Fatigue Scale**

Instructions: Check one response for each question.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Do Not Agree or Disagree (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have to rest during the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My life is restricted by fatigue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I get tired more quickly than other people I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fatigue is one of my three worst symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I feel completely exhausted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Fatigue makes me reluctant to socialize</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Because of fatigue it takes me longer to get things done</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I have a feeling of ‘heaviness’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. If I wasn’t so tired I could do more things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Everything I do is an effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I lack energy for much of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I feel totally drained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Fatigue makes it difficult for me to cope with everyday activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I feel tired even when I haven’t done anything</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Because of fatigue I do less in my day than I would like</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I get so tired I want to lie down wherever I am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**SCORE:** Sum all items and divide by 16.

**INTERPRETATION:** ≥2.95 indicates high fatigue; ≥3.3 indicates fatigue is a problem.
Please complete the following

*Due to having Parkinson’s disease, how often during the last month have you....*

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always or cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Had difficulty doing the leisure activities which you would like to do?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>Had difficulty looking after your home, e.g. DIY, housework, cooking?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>Had difficulty carrying bags of shopping?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4</td>
<td>Had problems walking half a mile?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5</td>
<td>Had problems walking 100 yards?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6</td>
<td>Had problems getting around the house as easily as you would like?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7</td>
<td>Had difficulty getting around in public?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8</td>
<td>Needed someone else to accompany you when you went out?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9</td>
<td>Felt frightened or worried about falling over in public?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10</td>
<td>Been confined to the house more than you would like?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11</td>
<td>Had difficulty washing yourself?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12</td>
<td>Had difficulty dressing yourself?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13</td>
<td>Had problems doing up your shoe laces?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Please check that you have ticked *one box for each question* before going on to the next page*
<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always or cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Had problems writing clearly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Had difficulty cutting up your food?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Had difficulty holding a drink without spilling it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Felt depressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Felt isolated and lonely?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Felt weepy or tearful?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Felt angry or bitter?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Felt anxious?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Felt worried about your future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Felt you had to conceal your Parkinson's from people?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Avoided situations which involve eating or drinking in public?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Felt embarrassed in public due to having Parkinson's disease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Felt worried by other people's reaction to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Had problems with your close personal relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Lacked support in the ways you need from your spouse or partner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you do not have a spouse or partner tick here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Lacked support in the ways you need from your family or close friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check that you have ticked one box for each question before going on to the next page.
Due to having Parkinson’s disease, how often during the last month have you....

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Never</th>
<th>Occasionally</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Unexpectedly fallen asleep during the day?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>31</td>
<td>Had problems with your concentration, e.g. when reading or watching TV?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>32</td>
<td>Felt your memory was bad?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>33</td>
<td>Had distressing dreams or hallucinations?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>34</td>
<td>Had difficulty with your speech?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>35</td>
<td>Felt unable to communicate with people properly?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>36</td>
<td>Felt ignored by people?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>37</td>
<td>Had painful muscle cramps or spasms?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>38</td>
<td>Had aches and pains in your joints or body?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>39</td>
<td>Felt unpleasantly hot or cold?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please check that you have ticked one box for each question before going on to the next page.

Thank you for completing the PDQ 39 questionnaire.
SPEAKER CONTROL STRATEGIES

1. Make eye contact with the speaker.

2. Ask person to repeat if necessary.

3. Ask person to slow down or speak up, or to give one piece of information at a time.

4. Repeat instructions to myself.

5. Rephrase the information back to speaker.

6. Take notes. Write any “Key” words to help to recall the information.

7. Ask questions to clarify information.

8. Clear my mind – do not think of other things while I am trying to listen (ex. Don’t think of what I will say next).


10. Take notes. Write down the information and review it.
PACING BOARD
Caregiver self-assessment questionnaire

How are YOU?

Caregivers are often so concerned with caring for their relative’s needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have ...

1. Had trouble keeping my mind on what I was doing .............. □ Yes □ No
2. Felt that I couldn’t leave my relative alone ....................... □ Yes □ No
3. Had difficulty making decisions .................................. □ Yes □ No
4. Felt completely overwhelmed .................................. □ Yes □ No
5. Felt useful and needed .................................. □ Yes □ No
6. Felt lonely .................................. □ Yes □ No
7. Been upset that my relative has changed so much from his/her former self .............. □ Yes □ No
8. Felt a loss of privacy and/or personal time ....................... □ Yes □ No
9. Been edgy or irritable .................................. □ Yes □ No
10. Had sleep disturbed because of caring for my relative ........ □ Yes □ No
11. Had a crying spell(s) .................................. □ Yes □ No
12. Felt strained between work and family responsibilities ...... □ Yes □ No
13. Had back pain .................................. □ Yes □ No
14. Felt ill (headaches, stomach problems or common cold) .... □ Yes □ No
15. Been satisfied with the support my family has given me .......... □ Yes □ No
16. Found my relative’s living situation to be inconvenient or a barrier to care .................. □ Yes □ No
17. On a scale of 1 to 10, with 1 being “not stressful” to 10 being “extremely stressful,” please rate your current level of stress. ________

18. On a scale of 1 to 10, with 1 being “very healthy” to 10 being “very ill,” please rate your current health compared to what it was this time last year. ________

Comments:
(Please feel free to comment or provide feedback.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

AMERICAN MEDICAL ASSOCIATION
Self-evaluation
To determine the score:
1. Reverse score questions 5 and 15.
   *(For example, a “No” response should be counted as “Yes” and a “Yes” response should be counted as “No.”)*
2. Total the number of “yes” responses.

To interpret the score
Chances are that you are experiencing a high degree of distress:
• If you answered “Yes” to either or both questions 4 and 11; or
• If your total “Yes” score = 10 or more; or
• If your score on question 17 is 6 or higher; or
• If your score on question 18 is 6 or higher

Next steps
• Consider seeing a doctor for a check-up for yourself
• Consider having some relief from caregiving (Discuss with the doctor or a social worker the resources available in your community.)
• Consider joining a support group

Valuable resources for caregivers
Eldercare Locator
*(a national directory of community services)*
(800) 677-1116
www.eldercare.gov

Family Caregiver Alliance
(415) 434-3388
www.caregiver.org

Medicare Hotline
(800) 633-4227
www.medicare.gov

National Alliance for Caregiving
(301) 718-8444
www.caregiving.org

National Family Caregivers Association
(800) 896-3650
www.nfcacares.org

National Information Center for Children and Youth with Disabilities
(800) 695-0285
www.nichcy.org

Local resources and contacts:
________________________________________________________________________
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Multidimensional Caregiver Strain Index

[Reverse score numbers 6, 10, 11, 14, 16. Total score of 30 and above is cause for concern.]

Please have the CARE PARTNER complete this section or mark: □ Not applicable.

Name: _______________________________  Relationship to patient: ______________________

<table>
<thead>
<tr>
<th>Circle the number which most closely reflects your feelings about caring for your partner, relative, or friend.</th>
<th>Never</th>
<th>A little</th>
<th>Moderate</th>
<th>A lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel I have less energy now that I am caring for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel physically strained because of caring for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I feel that my physical health has suffered because of caring for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I feel that my social life has suffered because of caring for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I have had to give up vacations or trips because of caring for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I am able to go out when I want.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I have had to make adjustments in my work or personal schedule.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Caring for/providing help for my spouse or family member is a financial strain.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I resent the extra cost of caring for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I have enough time to do the things I need to do (such as chores and helping).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I have a lot of time to myself.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I feel resentful toward my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I feel angry toward my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I feel pleased about my relationship with my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. My relationship with my spouse or family member is strained.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I am glad that I can provide care for my spouse or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I feel that my spouse or family member tries to manipulate me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I feel that my spouse or family member is overly demanding.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Design (Step 1 & 2)

- Have I conducted a thorough Needs Assessment?
- Does the client have “buy in” with the goals? (engagement)
- Do I have enough time to work with the client? (Is it realistic to design & deliver instruction to facilitate change in client behavior given my caseload, schedule, etc.?)
- Am I attempting to address too many goals/objectives/targets? (Is my treatment scattered and there’s not enough time to focus on any one thing?)
- Have I clearly defined the nature of the instructional target (fact/concept; multi-step skills/procedures; strategies)?
- Do I conduct an initial assessment of the instructional target then break it down into its component parts/steps? (task/instructional analysis)
- Do I select and carefully sequence a sufficient number of training examples?
- Do I have a script or guide to help keep my instructional wording clear, simple, and consistent?
- Do I program for maintenance and generalization from the outset of treatment?

Delivery (Step 3)

- Do I prevent errors from occurring while the client was learning the target?
  - Do I provide a sufficient number of models before the client attempts the target? (Unless conducting an assessment, I don’t let them figure it out by trial and error.)
Do I carefully fade my support (cues/prompts)?

- If the client makes an error, do I provide immediate, corrective feedback?

- Do I keep my instructional wording simple, clear, and consistent?

- Do I conduct a cumulative (comprehensive) review of all the steps learned so far?

- Do I chain the steps together? (primarily for multi-step skills)

- Do I give the client plenty of opportunities to correctly practice the target several times?

- Do I distribute the practice trials over time?

- Do I provide the opportunity for client self-evaluation?

- Do I conduct training in the environments in which the instructional target will be used?

**Impact (Step 4)**

- Do I conduct a quick assessment (probe) at the beginning of each treatment session to determine retention and guide my instruction for the session?

- Do I assess for maintenance & generalization of the instructional target?

- Do I modify my instruction according to my data? (If client isn’t progressing, how do I change my design and/or delivery of instruction to facilitate client success?)

Modified from:
Ehlhardt, Sohlberg, Glang, & Albin (2005)
Lemoncello & Sohlberg (2005)
Sohlberg & Turkstra (in press)
Stein, Carnine, & Dixon (1998)