

PPMI

MDS-UPDRS (POST DOSE)

3 4

1 3 2

SUBJECT ID VISIT NO INITIALS SITE NO VISIT DATE MM DD YYYY

A. Time of PD medication dosing in clinic: (24-hour clock)

A. :

B. Time Part III and Hoehn & Yahr administered:

- | | |
|---|--|
| 3.1 Speech <input type="text"/> | 3.10 Gait <input type="text"/> |
| 3.2 Facial expression <input type="text"/> | 3.11 Freezing of gait <input type="text"/> |
| 3.3a Rigidity - Neck <input type="text"/> | 3.12 Postural stability <input type="text"/> |
| 3.3b Rigidity - RUE <input type="text"/> | 3.13 Posture <input type="text"/> |
| 3.3c Rigidity - LUE <input type="text"/> | 3.14 Global spontaneity of movement <input type="text"/> |
| 3.3d Rigidity - RLE <input type="text"/> | 3.15a Postural tremor - Right hand <input type="text"/> |
| 3.3e Rigidity - LLE <input type="text"/> | 3.15b Postural tremor - Left hand <input type="text"/> |
| 3.4a Finger Tapping Right Hand <input type="text"/> | 3.16a Kinetic tremor - Right hand <input type="text"/> |
| 3.4b Finger Tapping Left Hand <input type="text"/> | 3.16b Kinetic tremor - Left hand <input type="text"/> |
| 3.5a Hand movements - Right Hand <input type="text"/> | 3.17a Rest tremor amplitude - RUE <input type="text"/> |
| 3.5b Hand movements - Left Hand <input type="text"/> | 3.17b Rest tremor amplitude - LUE <input type="text"/> |
| 3.6a Pronation - Supination Movements - Right Hand <input type="text"/> | 3.17c Rest tremor amplitude - RLE <input type="text"/> |
| 3.6b Pronation - Supination Movements - Left Hand <input type="text"/> | 3.17d Rest tremor amplitude - LLE <input type="text"/> |
| 3.7a Toe tapping - Right foot <input type="text"/> | 3.17e Rest tremor amplitude - Lip/jaw <input type="text"/> |
| 3.7b Toe tapping - Left foot <input type="text"/> | 3.18 Constancy of rest <input type="text"/> |
| 3.8a Leg agility - Right leg <input type="text"/> | 3.19 Were dyskinesias present <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.8b Leg agility - Left leg <input type="text"/> | 3.20 Did these movements interfere with ratings <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.9 Arising from chair <input type="text"/> | 3.21 Hoehn and Yahr Stage <input type="text"/> |

Examiner STAFF CODE