

Determination of Freezing and Falls

Mark as Complete



0 of 18 completed

Assessment Date

10/26/2020



A. Indicate the source of information:



Participant

Caregiver

Participant and Caregiver

1. Does the participant currently experience freezing of gait?



Select



2. Does the participant currently experience falls not related to freezing of gait?



Select



3. In the past 12 months, has the participant experienced freezing of gait?



Select



4. In the past 12 months, has the participant experienced falls that were not related to freezing of gait?



Select



5. Did any of these falls result in the following injuries?

5a. Fracture of hip or lower limb:



No

Yes

5b. Fracture of upper extremity:



No

Yes

5c. Skull fracture:



No

Yes

5d. Other Fracture:



No

Yes

5e. Head injury without loss of consciousness:



No

Yes

5f. Head injury with loss of consciousness:



No

Yes

5g. Laceration requiring sutures (stitches):



No

Yes

5h. Other Injury:



No

Yes

6. Did any of these falls result in:

6a. Outpatient visit to a healthcare provider (including urgent care facility):



No

Yes

6b. Visit to the ER:



No

Yes

6c. Hospitalization:



No

Yes

6d. Surgery:



No

Yes

6e. Institutionalization:



No

Yes



Modified Schwab & England Activities of Daily Living

Parkinson's Disease (SNCA or Parkin)
Inclusion/Exclusion Criteria

