

Participant Motor Function Questionnaire

Mark as Complete



0 of 12 completed

Assessment Date

10/26/2020



A. Who completed this questionnaire?

Participant

Caregiver

Participant and Caregiver

When answering these questions, please think about your current abilities.

1. Do you have trouble rising from a chair?

No

Yes

Uncertain

2. Is your handwriting smaller than it once was?

No

Yes

Uncertain

3. Do people tell you that your voice is softer than it once was?

No

Yes

Uncertain

4. Is your balance poor?



No

Yes

Uncertain

5. Do your feet ever seem to get stuck to the floor?



No

Yes

Uncertain

6. Do people tell you that your face seems less expressive than it once did?



No

Yes

Uncertain

7. Do your arms or legs shake?



No

Yes

Uncertain

8. Do you have trouble buttoning buttons?



No

Yes

Uncertain

9. Do you shuffle your feet and/or take tiny steps when you walk?



No

Yes

Uncertain

10. Do you move more slowly than other people your age?



No

Yes

Uncertain

11. Has anyone ever told you that you have Parkinson's disease?



No

Yes

Uncertain



MDS-UPDRS Part IB and Part II

REM Sleep Behavior Disorder Questionnaire

