

## UNIFIED PARKINSON'S DISEASE RATING SCALE

[PLEASE SELECT YOUR OPTION BY CHNGE IT INTO RED COLOR AND SEND US BACK]

### **I. MENTATION, BEHAVIOR AND MOOD**

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.

#### **1. Intellectual Impairment**

*(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 florrid psychosis. Not able to care for self.

#### **2. Thought Disorder**

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.

#### **3. Depression**

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4 = Withdrawn, complete loss of motivation.

#### **4. Motivation/Initiative**

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

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.

## **5. Speech**

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.

## **6. Salivation**

0 = Normal.

1 = Rare choking.

2 = Occasional choking.

3 = Requires soft food.

4 = Requires NG tube or gastrostomy feeding.

## **7. Swallowing**

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.

## **8. Handwriting**

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.

## **9. Cutting food and handling utensils**

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.

## **10. Dressing**

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.

## **11. Hygiene**

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.

## **12. Turning in bed and adjusting bed clothes**

- 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.

## **13. Falling (unrelated to freezing)**

- 0 = None.
- 1 = Rare freezing when walking; may have start hesitation.
- 2 = Occasional freezing when walking.
- 3 = Frequent freezing. Occasionally falls from freezing.
- 4 = Frequent falls from freezing.

## **14. Freezing when 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.

## **15. Walking**

*(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.

## **16. Tremor**

- 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.

## **17. Sensory complaints related to parkinsonism**

### **III. MOTOR EXAMINATION**

- 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.

## **18. Speech**

- 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.

### **19. Facial Expression**

*(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.

### **20. Tremor at rest**

- 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.

### **21. Action or Postural Tremor of hands**

*(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.

### **22. Rigidity**

*(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.

### **23. Finger Taps**

*(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.

#### **24. Hand Movements**

*(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.

#### **25. Rapid Alternating Movements of Hands**

*(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.

#### **26. Leg Agility**

*(Patient attempts to rise from a straightbacked 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.

#### **27. Arising from Chair**

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.

#### **28. Posture**

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.

### **29. Gait**

*(Response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart. Patient is prepared.)*

0 = Normal.

1 = Retropulsion, but recovers unaided.

2 = Absence of postural response; would fall if not caught by examiner.

3 = Very unstable, tends to lose balance spontaneously.

4 = Unable to stand without assistance.

### **30. Postural Stability**

*(Combining slowness, hesitancy, decreased armswing, small amplitude, and poverty of movement in general.)*

0 = None.

1 = Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude.

2 = Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.

3 = Moderate slowness, poverty or small amplitude of movement.

4 = Marked slowness, poverty or small amplitude of movement.

### **31. Body Bradykinesia and Hypokinesia**

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

#### **A. DYSKINESIAS**

*(Historical information.)*

0 = None

1 = 1-25% of day.

2 = 26-50% of day.

3 = 51-75% of day.

4 = 76-100% of day.

### **32. Duration: What proportion of the waking day are dyskinesias present?**

*(Historical information; may be modified by office examination.)*

0 = Not disabling.

1 = Mildly disabling.

2 = Moderately disabling.

3 = Severely disabling.

4 = Completely disabled.

### **33. Disability: How disabling are the dyskinesias?**

0 = No painful dyskinesias.

1 = Slight.

2 = Moderate.

3 = Severe.

4 = Marked.

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

*(Historical information.)*

0 = No  
1 = Yes

**35. Presence of Early Morning Dystonia**

**B. CLINICAL FLUCTUATIONS**

0 = No  
1 = Yes

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

0 = No  
1 = Yes

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

0 = No  
1 = Yes

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

0 = None  
1 = 1-25% of day.  
2 = 26-50% of day.  
3 = 51-75% of day.  
4 = 76-100% of day.

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

**C. OTHER COMPLICATIONS**

0 = No  
1 = Yes

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

0 = No  
1 = Yes

**41. Any sleep disturbances, such as insomnia or hypersomnolence?**

*(Record the patient's blood pressure, height and weight on the scoring form)*

0 = No  
1 = Yes

**42. Does the patient have symptomatic orthostasis?**

**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