

DATE ADMINISTERED: _____

SUBJECT ID: _____

8a Gardner Parkinsonism Screening Questions								
				If Yes,				
				Symptom present before study injury? (skip section if Informant did not know participant prior to the study injury)		Course of symptom over the past year?		
Question	Yes	No	Do not Know	Yes	No	Getting Better	Getting Worse	About the same
1. Do they have trouble arising from a chair?								
2. Is their hand-writing smaller than it once was?								
3. Do people tell them that their voice is softer that it once was?								
4. Is their balance, when walking, poor?								
5. Do their feet suddenly seem to freeze in doorways?								
6. Does their face seem less expressive than it used to?								
7. Do their arms and legs shake?								
8. Do they have trouble buttoning buttons?								
9. Do they shuffle their feet and take tiny steps when they walk?								
10. Do you feel they move more slowly or stiffly than other people their age?								
11. Do they walk with a stooped posture?								
12. Have you noticed that they don't swing their arms when they walk as much as they used to?								