



NACC Uniform Data Set (UDS)
Follow-up Form B3: Evaluation Form –
Unified Parkinson's Disease Rating Scale (UPDRS¹) – Motor Exam

Center: _____ ADC Subject ID: _____ Form Date: ____/____/____

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B3. Check only one box per question. ADC Visit #: _____ Examiner's initials: _____

[Optional] If the clinician completes the UPDRS examination and determines all items are normal, check this box and end form here.

1. Speech 0 Normal. 3 Marked impairment, difficult to understand.
 1 Slight loss of expression, diction and/or volume. 4 Unintelligible.
 2 Monotone, slurred but understandable; moderately impaired. 8 Untestable (*specify reason*): _____

2. Facial expression 0 Normal. 3 Moderate hypomimia; lips parted some of the time.
 1 Minimal hypomimia, could be normal "poker face". 4 Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inches or more.
 2 Slight but definitely abnormal diminution of facial expression. 8 Untestable (*specify reason*): _____

3. Tremor at rest

3a. Face, lips, chin 0 Absent. 3 Moderate in amplitude and present most of the time.
 1 Slight and infrequently present. 4 Marked in amplitude and present most of the time.
 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 8 Untestable (*specify reason*): _____

3b. Right hand 0 Absent. 3 Moderate in amplitude and present most of the time.
 1 Slight and infrequently present. 4 Marked in amplitude and present most of the time.
 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 8 Untestable (*specify reason*): _____

¹ Fahn S, Elton RL, UPDRS Development Committee. The Unified Parkinson's Disease Rating Scale. In Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent developments in Parkinson's disease, Vol. 2. Florham Park, NJ: Macmillan Healthcare Information, 1987:153-163, 293-304. Reproduced by permission of the author.

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ADC Visit #: ___

3c. Left hand	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight and infrequently present. <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time. <input type="checkbox"/> 4 Marked in amplitude and present most of the time. <input type="checkbox"/> 8 Unstable (<i>specify reason</i>): _____
3d. Right foot	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight and infrequently present. <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time. <input type="checkbox"/> 4 Marked in amplitude and present most of the time. <input type="checkbox"/> 8 Unstable (<i>specify reason</i>): _____
3e. Left foot	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight and infrequently present. <input type="checkbox"/> 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	<input type="checkbox"/> 3 Moderate in amplitude and present most of the time. <input type="checkbox"/> 4 Marked in amplitude and present most of the time. <input type="checkbox"/> 8 Unstable (<i>specify reason</i>): _____

4. Action or postural tremor of hands		
4a. Right hand	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight; present with action. <input type="checkbox"/> 2 Moderate in amplitude, present with action.	<input type="checkbox"/> 3 Moderate in amplitude with posture holding as well as action. <input type="checkbox"/> 4 Marked in amplitude; interferes with feeding. <input type="checkbox"/> 8 Unstable (<i>specify reason</i>): _____
4b. Left hand	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight; present with action. <input type="checkbox"/> 2 Moderate in amplitude, present with action.	<input type="checkbox"/> 3 Moderate in amplitude with posture holding as well as action. <input type="checkbox"/> 4 Marked in amplitude; interferes with feeding. <input type="checkbox"/> 8 Unstable (<i>specify reason</i>): _____

5. Rigidity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)		
5a. Neck	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements. <input type="checkbox"/> 2 Mild to moderate.	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved. <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty. <input type="checkbox"/> 8 Unstable (<i>specify reason</i>): _____

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5b. Right upper extremity	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements. <input type="checkbox"/> 2 Mild to moderate.	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved. <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
5c. Left upper extremity	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements. <input type="checkbox"/> 2 Mild to moderate.	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved. <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
5d. Right lower extremity	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements. <input type="checkbox"/> 2 Mild to moderate.	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved. <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
5e. Left lower extremity	<input type="checkbox"/> 0 Absent. <input type="checkbox"/> 1 Slight or detectable only when activated by mirror or other movements. <input type="checkbox"/> 2 Mild to moderate.	<input type="checkbox"/> 3 Marked, but full range of motion easily achieved. <input type="checkbox"/> 4 Severe; range of motion achieved with difficulty. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

6. Finger taps (patient taps thumb with index finger in rapid succession)		
6a. Right hand	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
6b. Left hand	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

7. Hand movements (patient opens and closes hands in rapid succession)		
7a. Right hand	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

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7b. Left hand	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
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8. Rapid alternating movements of hands (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)		
8a. Right hand	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
8b. Left hand	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

9. Leg agility (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)		
9a. Right leg	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____
9b. Left leg	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Mild slowing and/or reduction in amplitude. <input type="checkbox"/> 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	<input type="checkbox"/> 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. <input type="checkbox"/> 4 Can barely perform the task. <input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

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10. Arising from chair (patient attempts to rise from a straight-backed chair, with arms folded across chest)	<input type="checkbox"/> 0 Normal.	<input type="checkbox"/> 3 Tends to fall back and may have to try more than one time, but can get up without help.
	<input type="checkbox"/> 1 Slow; or may need more than one attempt.	<input type="checkbox"/> 4 Unable to arise without help.
	<input type="checkbox"/> 2 Pushes self up from arms of seat.	<input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

11. Posture	<input type="checkbox"/> 0 Normal.	<input type="checkbox"/> 3 Severely stooped posture with kyphosis; can be moderately leaning to one side.
	<input type="checkbox"/> 1 Not quite erect, slightly stooped posture; could be normal for older person.	<input type="checkbox"/> 4 Marked flexion with extreme abnormality of posture.
	<input type="checkbox"/> 2 Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.	<input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

12. Gait	<input type="checkbox"/> 0 Normal.	<input type="checkbox"/> 3 Severe disturbance of gait requiring assistance.
	<input type="checkbox"/> 1 Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion.	<input type="checkbox"/> 4 Cannot walk at all, even with assistance.
	<input type="checkbox"/> 2 Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.	<input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

13. Posture stability (response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared)	<input type="checkbox"/> 0 Normal erect.	<input type="checkbox"/> 3 Very unstable, tends to lose balance spontaneously.
	<input type="checkbox"/> 1 Retropulsion, but recovers unaided.	<input type="checkbox"/> 4 Unable to stand without assistance.
	<input type="checkbox"/> 2 Absence of postural response; would fall if not caught by examiner.	<input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____

14. Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general)	<input type="checkbox"/> 0 None.	<input type="checkbox"/> 3 Moderate slowness, poverty or small amplitude of movement.
	<input type="checkbox"/> 1 Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude.	<input type="checkbox"/> 4 Marked slowness, poverty or small amplitude of movement.
	<input type="checkbox"/> 2 Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.	<input type="checkbox"/> 8 Untestable (<i>specify reason</i>): _____