

Unified Parkinson's Disease Rating Scale (UPDRS)

Patient's Name: _____ Date: _____

Rater's Name: _____

I. Mentation, Behavior, and Mood

	0	1	2	3	4
<p>Intellectual Impairment</p> <p>0 = None.</p> <p>1 = Mild. Consistent forgetfulness with a partial recollection of events. No other difficulties.</p> <p>2 = Moderate memory loss with disorientation. There's moderate difficulty handling complex problems. Mild but definite impairment of function at home. Needs occasional prompting.</p> <p>3 = Severe memory loss with disorientation for time and often to place. Severe impairment in handling problems.</p> <p>4 = Severe memory loss with orientation preserved to the person only. Unable to make judgments or solve problems. Requires much help with personal care. Cannot be left alone.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Thought Disorder</p> <p>0 = None.</p> <p>1 = Vivid dreaming.</p> <p>2 = "Benign" hallucinations with insight retained.</p> <p>3 = Occasional to frequent hallucinations or delusions without insight. Thoughts could interfere with daily activities.</p> <p>4 = Persistent hallucinations, delusions, or florid psychosis. Not able to care for self.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Depression</p> <p>0 = None.</p> <p>1 = Periods of sadness or guilt greater than normal but never sustained for days or weeks.</p> <p>2 = Sustained depression (a week or longer).</p> <p>3 = Sustained depression with vegetative symptoms (insomnia, anorexia, weight loss, loss of interest).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4 = Sustained depression with vegetative symptoms and suicidal thoughts or intent					
Motivation/Initiative 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in elective (nonroutine) activities. 3 = Loss of initiative or disinterest in the day-to-day (routine) activities. 4 = Withdrawn. There's a complete loss of motivation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Activities of Daily Living (For both "On" and "Off")

		0	1	2	3	4
Speech 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.	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salivation 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.	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swallowing 0 = Normal.	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>1 = Rare choking.</p> <p>2 = Occasional choking.</p> <p>3 = Requires soft food.</p> <p>4 = Requires NG tube or gastrostomy feeding.</p>	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Handwriting</p> <p>0 = Normal.</p> <p>1 = Slightly slow or small.</p> <p>2 = Moderately slow or small; all words are legible.</p> <p>3 = Severely affected; not all words are legible.</p> <p>4 = The majority of words are not legible.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Cutting food and handling utensils</p> <p>0 = Normal.</p> <p>1 = Somewhat slow and clumsy, but no help needed.</p> <p>2 = Can cut most foods, although clumsy and slow; some help is needed.</p> <p>3 = Food must be cut by someone, but can still feed slowly.</p> <p>4 = Needs to be fed.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Dressing</p> <p>0 = Normal.</p> <p>1 = Somewhat slow, but no help needed.</p> <p>2 = Occasional assistance with buttoning, and getting arms in sleeves.</p> <p>3 = Considerable help required, but can do some things alone.</p> <p>4 = Helpless.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Hygiene</p> <p>0 = Normal.</p> <p>1 = Somewhat slow, but no help needed.</p> <p>2 = Needs help to shower or bathe, or is very slow in hygienic care.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>3 = Requires assistance for washing, brushing teeth, combing hair, and going to the bathroom.</p> <p>4 = Foley catheter or other mechanical aids.</p>	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Turning in bed and adjusting the bedclothes</p> <p>0 = Normal.</p> <p>1 = Somewhat slow and clumsy, but no help needed.</p> <p>2 = Can turn alone or adjust sheets, but with great difficulty.</p> <p>3 = Can initiate, but not turn or adjust sheets alone.</p> <p>4 = Helpless.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Falling (unrelated to freezing)</p> <p>0 = None.</p> <p>1 = Rare falling.</p> <p>2 = Occasionally falls, less than once per day.</p> <p>3 = Falls an average of once daily.</p> <p>4 = Falls more than once daily.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Freezing when walking</p> <p>0 = None.</p> <p>1 = Rare freezing when walking. May have to start hesitation.</p> <p>2 = Occasional freezing when walking.</p> <p>3 = Frequent freezing. Occasionally falls from freezing.</p> <p>4 = Frequent falls from freezing.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Walking</p> <p>0 = Normal.</p> <p>1 = Mild difficulty. May not swing arms or may tend to drag leg.</p> <p>2 = Moderate difficulty, but requires little or no assistance.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>3 = Severe disturbance of walking, requiring assistance.</p> <p>4 = Cannot walk at all, even with assistance.</p>	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tremor</p> <p>(Symptomatic complaint of tremor in any part of the body)</p> <p>0 = Absent.</p> <p>1 = Slight and infrequently present.</p> <p>2 = Moderate; bothersome to the patient.</p> <p>3 = Severe; interferes with many activities.</p> <p>4 = Marked; interferes with most activities.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Sensory Complaints</p> <p>(Related to Parkinsonism)</p> <p>0 = None.</p> <p>1 = Occasionally has numbness, tingling, or mild aching.</p> <p>2 = Frequently has numbness, tingling, or aching; not distressing.</p> <p>3 = Frequent painful sensations.</p> <p>4 = Excruciating pain.</p>	On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Motor Examination

	0	1	2	3	4
<p>Speech</p> <p>0 = Normal.</p> <p>1 = Slight loss of expression, diction and/or volume.</p> <p>2 = Monotone, slurred but understandable; moderately impaired.</p> <p>3 = Marked impairment, difficult to understand.</p> <p>4 = Unintelligible.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Facial Expression</p> <p>0 = Normal.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>1 = Minimal hypomimia, which could be their normal "Poker Face".</p> <p>2 = Slight but definitely abnormal diminution of facial expression.</p> <p>3 = Moderate hypomimia; lips parted some of the time.</p> <p>4 = Masked or fixed facies with severe or complete loss of facial expression; lips parted 1/4 inch or more.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tremor at Rest (Head, Upper, and Lower Extremities)</p> <p>0 = Absent.</p> <p>1 = Slight and infrequently present.</p> <p>2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present.</p> <p>3 = Moderate in amplitude and present most of the time.</p> <p>4 = Marked in amplitude and present most of the time.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Action or Postural Tremor of Hands</p> <p>0 = Absent.</p> <p>1 = Slight; present with action.</p> <p>2 = Moderate in amplitude, present with action.</p> <p>3 = Moderate in amplitude with posture holding as well as action.</p> <p>4 = Marked in amplitude; interferes with feeding.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Rigidity (Judged on passive movement or major with patient relaxed in sitting position. Cogwheeling to be ignored.)</p> <p>0 = Absent.</p> <p>1 = Slight or detectable only when activated by mirror or other movements.</p> <p>2 = Mild to moderate.</p> <p>3 = Marked, but a full range of motion is easily achieved.</p> <p>4 = Severe, range of motion achieved with difficulty.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>Finger Taps</p> <p>Instructions: Patient taps thumb with index finger in rapid succession.</p> <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.</p> <p>3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Hand Movements</p> <p>Instructions: Patient opens and closes hands in rapid succession.</p> <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.</p> <p>3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Rapid Alternating Movements of Hands</p> <p>Instructions: Pronation-supination movements of hands, vertically, and horizontally, with as large an amplitude as possible. Both hands simultaneously.</p> <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.</p> <p>3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Leg Agility</p> <p>Instructions: Patient taps heel on the ground in</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>rapid succession picking up entire leg. Amplitude should be at least 3 inches.</p> <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.</p> <p>3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Arising from Chair</p> <p>Instructions: Patient must attempt to rise from a straight-backed chair with arms folded across the chest.</p> <p>0 = Normal.</p> <p>1 = Slow; or may need more than one attempt.</p> <p>2 = Pushes self up from arms of seat.</p> <p>3 = Tends to fall back and may have to try more than one time, but can get up without help.</p> <p>4 = Unable to arise without help.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Posture</p> <p>0 = Normal erect.</p> <p>1 = Not quite erect, slightly stooped posture; could be normal for older person.</p> <p>2 = Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.</p> <p>3 = Severely stooped posture with kyphosis; can be moderately leaning to one side.</p> <p>4 = Marked flexion with an extreme abnormality of posture.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Gait</p> <p>0 = Normal.</p> <p>1 = Walks slowly, may shuffle with short steps, but no festination (hastening steps) or propulsion.</p> <p>2 = Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p>3 = Severe disturbance of gait, requiring assistance.</p> <p>4 = Cannot walk at all, even with assistance.</p>					
<p>Postural Stability</p> <p>Instructions: Have the patient prepared. Pull on their shoulders while they are erect, have their eyes open, and have their feet slightly apart. Check their response to sudden, strong, posterior displacement.</p> <p>0 = Normal.</p> <p>1 = Retropulsion, but recovers unaided.</p> <p>2 = Absence of postural response; would fall if not caught by examiner.</p> <p>3 = Very unstable, tends to lose balance spontaneously.</p> <p>4 = Unable to stand without assistance.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Body Bradykinesia and Hypokinesia (Combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general.)</p> <p>0 = Normal.</p> <p>1 = Retropulsion, but recovers unaided.</p> <p>2 = Absence of postural response; would fall if not caught by examiner.</p> <p>3 = Very unstable, tends to lose balance spontaneously.</p> <p>4 = Unable to stand without assistance.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Complications of Therapy (In the past week)

A. Dykinesias

	0	1	2	3	4
<p>Duration (Historical information)</p> <p>Q: What proportion of the waking day are dyskinesias present?</p> <p>0 = None.</p> <p>1 = 1-25% of the day.</p> <p>2 = 26-50% of the day.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3 = 51-75% of the day. 4 = 76-100% of the day					
Disability (Historical information or may be modified by an office examination) Q: How disabling are the dyskinesias? 0 = Not disabling. 1 = Mildly disabling. 2 = Moderately disabling. 3 = Severely disabling. 4 = Completely disabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful Dyskinesias Q: How painful are the dyskinesias? 0 = No painful dyskinesias. 1 = Slight. 2 = Moderate. 3 = Severe. 4 = Marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0		1		
Presence of Early Morning Dystonia (Historical Information) 0 = No 1 = Yes	<input type="checkbox"/>		<input type="checkbox"/>		

B. Clinical Fluctuations

	0		1		
Q: Are "off" periods predictable?	<input type="checkbox"/>		<input type="checkbox"/>		
Q: Are "off" periods unpredictable?	<input type="checkbox"/>		<input type="checkbox"/>		
Q: Do "off" periods come on suddenly, mostly within a few seconds?	<input type="checkbox"/>		<input type="checkbox"/>		
	0	1	2	3	4
Q: What proportion of the waking is the patient "off" on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. Other Complications

	0	1
Q: Does the patient have anorexia, nausea, or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
Q: Do they have any sleep disturbances, such as insomnia or hypersomnolence?	<input type="checkbox"/>	<input type="checkbox"/>
Q: Does the patient have symptomatic orthostasis?	<input type="checkbox"/>	<input type="checkbox"/>
Instructions: Record the patient's blood pressure, height, and weight on the scoring form.		

Blood Pressure: _____ **Height:** _____ **Weight:** _____

V. Modified Hoehn and Yahr Staging

STAGE 0 = No signs of disease.	<input type="checkbox"/>
STAGE 1 = Unilateral disease.	<input type="checkbox"/>
STAGE 1.5 = Unilateral plus axial involvement.	<input type="checkbox"/>
STAGE 2 = Bilateral disease, without impairment of balance.	<input type="checkbox"/>
STAGE 2.5 = Mild bilateral disease, with recovery on pull test.	<input type="checkbox"/>
STAGE 3 = Mild to moderate bilateral disease; some postural instability; physically independent.	<input type="checkbox"/>
STAGE 4 = Severe disability; still able to walk or stand unassisted.	<input type="checkbox"/>
STAGE 5 = Wheelchair bound or bedridden unless aided.	<input type="checkbox"/>

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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
80% = Completely independent in most chores. Takes twice as long. Conscious of difficulty and slowness.	<input type="checkbox"/>
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.	<input type="checkbox"/>
60% = Some dependency. Can do most chores, but exceedingly slowly and with much effort. Errors; some impossible.	<input type="checkbox"/>

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50% = More dependent. Help with half, slower, etc. Difficulty with everything.	<input type="checkbox"/>
40% = Very dependent. Can assist with all chores, but few alone.	<input type="checkbox"/>
30% = With effort, now and then does a few chores alone or begins alone. Much help is needed.	<input type="checkbox"/>
20% = Nothing alone. Can be a slight help with some chores. Severe invalid.	<input type="checkbox"/>
10% = Totally dependent, helpless. Complete invalid.	<input type="checkbox"/>
0% = Vegetative functions such as swallowing, bladder, and bowel functions are not functioning. Bedridden.	<input type="checkbox"/>

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