



UPDRS Part III Motor Examination

Patient name: _____ Date: _____

1.	Speech
	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Slight loss of expression, diction, and/or volume. <input type="checkbox"/> 2 Monotone, slurred but understandable; moderately impaired. <input type="checkbox"/> 3 Marked impairment, difficult to understand. <input type="checkbox"/> 4 Unintelligible. <input type="checkbox"/> 8 Untestable. (Specify Reason):
2.	Facial expression
	<input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Minimal hypomimia, could be normal "poker face." <input type="checkbox"/> 2 Slight but definitely abnormal diminution of facial expression. <input type="checkbox"/> 3 Moderate hypomimia; lips parted some of the time. <input type="checkbox"/> 4 Masked or fixed facies with severe or complete loss of facial expression; lips parted 1/4 inch or more. <input type="checkbox"/> 8 Untestable. (Specify Reason):

3.	Tremor at rest
3a.	Face, lips, chin
	<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 Untestable. (Specify Reason):
3b.	Right 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 Untestable. (Specify Reason):
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 Untestable. (Specify Reason):
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 Untestable. (Specify Reason):
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 Untestable. (Specify Reason):
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 Untestable. (Specify Reason):
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 Untestable. (Specify Reason):
5.	Rigidity (Judged on passive movement of major joints with participant 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 Untestable. (Specify Reason):
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. (Specify Reason):
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. (Specify Reason):
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. (Specify Reason):
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. (Specify Reason):
6.	Finger Taps (Participant taps thumb with index finger in rapid succession with widest amplitude possible, each hand separately.)
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. (Specify Reason):
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. (Specify Reason):
7	Hand Movements (Participant opens and closes hands in rapid succession with widest amplitude possible, each hand separately.)
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. (Specify Reason):
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. (Specify Reason):
8.	Rapid alternating movements of hands (Pronation-supination movements of hands, vertically or 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. (Specify Reason):
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. (Specify Reason):
9.	Leg Agility (Participant taps heel on ground in rapid succession, picking up entire leg. Amplitude should be about 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. (Specify Reason):
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. (Specify Reason):

10.	Arising from chair (Participant attempts to arise from a straight-back wood or metal chair with arms folded across chest.)
	<ul style="list-style-type: none"> <input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Slow; or may need more than one attempt. <input type="checkbox"/> 2 Pushes self up from arms of seat. <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"/> 4 Unable to arise without help. <input type="checkbox"/> 8 Untestable. (Specify Reason):
11.	Posture
	<ul style="list-style-type: none"> <input type="checkbox"/> 0 Normal erect. <input type="checkbox"/> 1 Not quite erect, slightly stooped posture; could be normal for older person. <input type="checkbox"/> 2 Moderately stooped posture, definitely abnormal; can be slightly leaning to one side. <input type="checkbox"/> 3 Severely stooped posture with kyphosis; can be moderately leaning to one side. <input type="checkbox"/> 4 Marked flexion with extreme abnormality of posture. <input type="checkbox"/> 8 Untestable. (Specify Reason):
12.	Gait
	<ul style="list-style-type: none"> <input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Walks slowly, may shuffle with short steps, but no festination or propulsion. <input type="checkbox"/> 2 Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion. <input type="checkbox"/> 3 Severe disturbance of gait, requiring assistance. <input type="checkbox"/> 4 Cannot walk at all, even with assistance. <input type="checkbox"/> 8 Untestable. (Specify Reason):
13.	Postural stability(Response to sudden posterior displacement produced by pull on shoulders while participant erect with eyes open and feet slightly apart. Participant is prepared.)
	<ul style="list-style-type: none"> <input type="checkbox"/> 0 Normal. <input type="checkbox"/> 1 Retropulsion, but recovers unaided. <input type="checkbox"/> 2 Absence of postural response; would fall if not caught by examiner. <input type="checkbox"/> 3 Very unstable, tends to lose balance spontaneously. <input type="checkbox"/> 4 Unable to stand without assistance. <input type="checkbox"/> 8 Untestable. (Specify Reason):
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"/> 1 Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude. <input type="checkbox"/> 2 Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude. <input type="checkbox"/> 3 Moderate slowness, poverty, or small amplitude of movement. <input type="checkbox"/> 4 Marked slowness, poverty, or small amplitude of movement. <input type="checkbox"/> 8 Untestable. (Specify Reason):																		
15.	Modified Hoehn and Yahr staging																		
	<table border="1"> <tr> <td><input type="checkbox"/> 0 Stage 0 =</td> <td>No signs of disease.</td> </tr> <tr> <td><input type="checkbox"/> 1 Stage 1 =</td> <td>Unilateral disease</td> </tr> <tr> <td><input type="checkbox"/> 2 Stage 1.5 =</td> <td>Unilateral plus axial involvement.</td> </tr> <tr> <td><input type="checkbox"/> 3 Stage 2 =</td> <td>Bilateral disease, without impairment of balance.</td> </tr> <tr> <td><input type="checkbox"/> 4 Stage 2.5 =</td> <td>Mild bilateral disease, with recovery on pull test.</td> </tr> <tr> <td><input type="checkbox"/> 5 Stage 3 =</td> <td>Mild to moderate bilateral disease; some postural instability; physically independent.</td> </tr> <tr> <td><input type="checkbox"/> 6 Stage 4 =</td> <td>Severe disability; still able to walk or stand unassisted.</td> </tr> <tr> <td><input type="checkbox"/> 7 Stage 5 =</td> <td>Wheelchair-bound or bedridden unless aided.</td> </tr> <tr> <td><input type="checkbox"/> 8 Untestable. (Specify Reason):</td> <td></td> </tr> </table>	<input type="checkbox"/> 0 Stage 0 =	No signs of disease.	<input type="checkbox"/> 1 Stage 1 =	Unilateral disease	<input type="checkbox"/> 2 Stage 1.5 =	Unilateral plus axial involvement.	<input type="checkbox"/> 3 Stage 2 =	Bilateral disease, without impairment of balance.	<input type="checkbox"/> 4 Stage 2.5 =	Mild bilateral disease, with recovery on pull test.	<input type="checkbox"/> 5 Stage 3 =	Mild to moderate bilateral disease; some postural instability; physically independent.	<input type="checkbox"/> 6 Stage 4 =	Severe disability; still able to walk or stand unassisted.	<input type="checkbox"/> 7 Stage 5 =	Wheelchair-bound or bedridden unless aided.	<input type="checkbox"/> 8 Untestable. (Specify Reason):	
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Total:

Hours after last dose of medication was taken:

Examiner name and signature: