

DBS Initial Consultation Questionnaire: Tremor  
UCLA Neurosurgical Movement Disorders Program

**Tremor History**

At what age did you first notice you had a tremor? \_\_\_\_\_

When did it start getting so bad that it interfered with your quality of life? \_\_\_\_\_

Have you ever been told you might have:

Parkinson's Disease	Yes	No
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Multiple Sclerosis	Yes	No
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Does your tremor improve when you consume alcohol?	Yes	No
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**Medications**

What medications do you currently take for your tremor (OK to attach list)?

Name	Dose	Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other medications have you tried in the past?

Name	Maximum Dose
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Symptom Questionnaire**

Please rate each symptom on a scale 1-10 as indicated

<b>Scale:</b>										
<u>Not at a problem at all</u>			<u>Moderate Problem</u>				<u>Dominant Problem</u>			
1	2	3	4	5	6	7	8	9	10	

- |   |   |   |         |               |   |   |      |                      |   |    |
|---|---|---|---------|---------------|---|---|------|----------------------|---|----|
| 1. <b>Tremor</b>  | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |
| <i>When do you tremor?</i>                              |   |   | At rest | With movement |   |   | Both | Never/Not applicable |   |    |
| <i>Which side tremors more?</i>                         |   |   | Left    | Right         |   |   |      |                      |   |    |
| <i>What tremors more?</i>                               |   |   | Arm     | Leg           |   |   |      |                      |   |    |
|   |   |   |         |               |   |   |      |                      |   |    |
| 2. <b>Slowness /bradykinesia</b>                        | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |
| <i>Which side is more "slow"?</i>                       |   |   | Left    | Right         |   |   |      |                      |   |    |
|   |   |   |         |               |   |   |      |                      |   |    |
| 3. <b>Stiffness/Rigidity</b>                            | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |
| <i>Which side is more "stiff"?</i>                      |   |   | Left    | Right         |   |   |      |                      |   |    |
|   |   |   |         |               |   |   |      |                      |   |    |
| 4. <b>Feeling Off Balance</b>                           | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |
|   |   |   |         |               |   |   |      |                      |   |    |
| 5. <b>Changes in memory</b>                             | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |
|   |   |   |         |               |   |   |      |                      |   |    |
| 6. <b>Falls</b>   | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |
| <i>How often do you fall (e.g., once a week)?</i> _____ |   |   |         |               |   |   |      |                      |   |    |
|   |   |   |         |               |   |   |      |                      |   |    |
| 7. <b>Urine/stool incontinence</b>                      | 1 | 2 | 3       | 4             | 5 | 6 | 7    | 8                    | 9 | 10 |

## Other potential medical/psychological issues

Do you have or have you ever had?

### **Depression**

Yes No

*If yes, are you current having symptoms?* Yes No

*If yes, are you being treated?* Yes No

### **Hallucinations**

Yes No

*If yes, are you current having hallucinations?* Yes No

*If yes, were these medication related?* Yes No

### **Vision Loss**

Yes No

## Quality of Life

Are your tremor symptoms affecting your quality of life? Yes No

What activity do you want to do that you currently cannot because of your tremor?

What prevents you from doing this activity? \_\_\_\_\_

\_\_\_\_\_

Is there someone who helps you with your daily life? Who? \_\_\_\_\_

Please rate yourself on these activities that affect your daily life

### **1. Speaking:**

0 = Normal

1 = Mild voice tremulousness when nervous only.

2 = Mild voice tremor, constant.

3 = Moderate voice tremor.

4 = Severe voice tremor. Some words difficult to understand.

### **2. Feeding – solid foods:**

0 = Normal

1 = Mildly abnormal. Can bring all solids to mouth, spilling only rarely.

2 = Moderately abnormal. Frequent spills of peas and similar foods. May bring head at least halfway to meet food.

3 = Marked abnormal. Unable to cut or uses two hands to feed.

4 = Severely abnormal. Needs help to feed.

### **3. Feeding – liquids:**

0 = Normal

1 = Mildly abnormal. Can still use a spoon, but not if it is completely full.

2 = Moderately abnormal. Unable to use a spoon. Uses cup or glass.

3 = Markedly abnormal. Can drink from cup or glass, but needs two hands.

4 = Severely abnormal. Must use a straw.

#### 4. Hygiene:

- 0 = Normal
- 1 = Mildly abnormal. Able to do everything, but more careful than average person.
- 2 = Moderately abnormal. Able to do everything but with errors; uses electric razor because of tremor.
- 3 = Markedly abnormal. Unable to do most fine tasks, such as putting on lipstick or shaving (even with electric shaver), unless using two hands.
- 4 = Severely abnormal. Unable to do any fine-movement tasks.

#### 5. Dressing:

- 0 = Normal
- 1 = Mildly abnormal. Able to do everything, but is more careful than the average person.
- 2 = Moderately abnormal. Able to do everything, but with errors.
- 3 = Markedly abnormal. Needs some assistance with buttoning or other activities such as tying shoelaces.
- 4 = Severely abnormal. Requires assistance even for gross motor activities.

#### 6. Writing:

- 0 = normal
- 1 = Mildly abnormal. Legible. Continues to write letters.
- 2 = Moderately abnormal. Legible but no longer writes letters.
- 3 = Markedly abnormal. Illegible.
- 4 = Severely abnormal. Unable to sign checks or other documents requiring signature.

#### 7. Working:

- 0 = Tremor does not interfere with the job.
- 1 = Able to work but need to be more careful than the average person.
- 2 = Able to do everything, but with errors. Poorer than usual performance because of tremor.
- 3 = Unable to do regular job. May have changed to a different job because of tremor. Tremor limits housework, such as ironing.
- 4 = Unable to do any outside job; housework very limited.

#### 8. Social activities:

- 0 = No changes
- 1 = Minimal change in social activities, still socializing.
- 2 = Moderate change in social activities, avoiding encounters with strangers.
- 3 = Marked change in social activities, avoiding encounters with friends.
- 4 = Severe change in social activities, avoiding any public encounters.