

## **UNIFIED PARKINSON'S DISEASE RATING SCALE (UPDRS)**

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### **I. MENTATION, BEHAVIOR AND MOOD**

#### **1. Intellectual Impairment**

- 0 = None.
- 1 = Mild. Consistent forgetfulness with partial recollection of events and no other difficulties.
- 2 = Moderate memory loss, with disorientation and moderate difficulty handling complex problems.  
Mild but definite impairment of function at home with need of occasional prompting.
- 3 = Severe memory loss with disorientation for time and often to place.  
Severe impairment in handling problems.
- 4 = Severe memory loss with orientation preserved to person only. Unable to make judgements or solve problems. Requires much help with personal care. Cannot be left alone at all.

#### **2. Thought Disorder (Due to dementia or drug intoxication)**

- 0 = None.
- 1 = Vivid dreaming.
- 2 = "Benign" hallucinations with insight retained.
- 3 = Occasional to frequent hallucinations or delusions; without insight;  
could interfere with daily activities.
- 4 = Persistent hallucinations, delusions, or florid psychosis. Not able to care for self.

#### **3. Depression**

- 0 = None.
- 1 = Periods of sadness or guilt greater than normal, never sustained for days or weeks.
- 2 = Sustained depression (1 week or more).
- 3 = Sustained depression with vegetative symptoms (insomnia, anorexia, weight loss, loss of interest).
- 4 = Sustained depression with vegetative symptoms and suicidal thoughts or intent.

#### **4. 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 day to day (routine) activities.
  - 4 = Withdrawn, complete loss of motivation.
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### **II. ACTIVITIES OF DAILY LIVING (for both "on" and "off")**

#### **5. 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.

#### **6. 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.

#### **7. Swallowing**

- 0 = Normal.
- 1 = Rare choking.
- 2 = Occasional choking.
- 3 = Requires soft food.
- 4 = Requires NG tube or gastrostomy feeding.

**8. Handwriting**

- 0 = Normal.
- 1 = Slightly slow or small.
- 2 = Moderately slow or small; all words are legible.
- 3 = Severely affected; not all words are legible.
- 4 = The majority of words are not legible.

**9. Cutting food and handling utensils**

- 0 = Normal.
- 1 = Somewhat slow and clumsy, but no help needed.
- 2 = Can cut most foods, although clumsy and slow; some help needed.
- 3 = Food must be cut by someone, but can still feed slowly.
- 4 = Needs to be fed.

**10. Dressing**

- 0 = Normal.
- 1 = Somewhat slow, but no help needed.
- 2 = Occasional assistance with buttoning, getting arms in sleeves.
- 3 = Considerable help required, but can do some things alone.
- 4 = Helpless.

**11. Hygiene**

- 0 = Normal.
- 1 = Somewhat slow, but no help needed.
- 2 = Needs help to shower or bathe; or very slow in hygienic care.
- 3 = Requires assistance for washing, brushing teeth, combing hair, going to bathroom.
- 4 = Foley catheter or other mechanical aids.

**12. Turning in bed and adjusting bed clothes**

- 0 = Normal.
- 1 = Somewhat slow and clumsy, but no help needed.
- 2 = Can turn alone or adjust sheets, but with great difficulty.
- 3 = Can initiate, but not turn or adjust sheets alone.
- 4 = Helpless.

**13. Falling (unrelated to freezing)**

- 0 = None.
- 1 = Rare falling.
- 2 = Occasionally falls, less than once per day.
- 3 = Falls an average of once daily.
- 4 = Falls more than once daily.

**14. Freezing when walking**

- 0 = None.
- 1 = Rare freezing when walking; may have start hesitation.
- 2 = Occasional freezing when walking.
- 3 = Frequent freezing. Occasionally falls from freezing.
- 4 = Frequent falls from freezing.

**15. Walking**

- 0 = Normal.
- 1 = Mild difficulty. May not swing arms or may tend to drag leg.
- 2 = Moderate difficulty, but requires little or no assistance.
- 3 = Severe disturbance of walking, requiring assistance.
- 4 = Cannot walk at all, even with assistance.

**16. Tremor (Symptomatic complaint of tremor in any part of body.)**

- 0 = Absent.
- 1 = Slight and infrequently present.
- 2 = Moderate; bothersome to patient.
- 3 = Severe; interferes with many activities.
- 4 = Marked; interferes with most activities.

**17. Sensory complaints related to parkinsonism**

- 0 = None.
  - 1 = Occasionally has numbness, tingling, or mild aching.
  - 2 = Frequently has numbness, tingling, or aching; not distressing.
  - 3 = Frequent painful sensations.
  - 4 = Excruciating pain.
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**III. MOTOR EXAMINATION**

**18. Speech**

- 0 = Normal.
- 1 = Slight loss of expression, diction and/or volume.
- 2 = Monotone, slurred but understandable; moderately impaired.
- 3 = Marked impairment, difficult to understand.
- 4 = Unintelligible.

**19. Facial Expression**

- 0 = Normal.
- 1 = Minimal hypomimia, could be normal "Poker Face".
- 2 = Slight but definitely abnormal diminution of facial expression.
- 3 = Moderate hypomimia; lips parted some of the time.
- 4 = Masked or fixed facies with severe or complete loss of facial expression; lips parted 1/4 inch or more.

**20. Tremor at rest** (head, upper and lower extremities)

- 0 = Absent.
- 1 = Slight and infrequently present.
- 2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present.
- 3 = Moderate in amplitude and present most of the time.
- 4 = Marked in amplitude and present most of the time.

**21. Action or Postural Tremor of hands**

- 0 = Absent.
- 1 = Slight; present with action.
- 2 = Moderate in amplitude, present with action.
- 3 = Moderate in amplitude with posture holding as well as action.
- 4 = Marked in amplitude; interferes with feeding.

**22. Rigidity** (Judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored.)

- 0 = Absent.
- 1 = Slight or detectable only when activated by mirror or other movements.
- 2 = Mild to moderate.
- 3 = Marked, but full range of motion easily achieved.
- 4 = Severe, range of motion achieved with difficulty.

**23. Finger Taps** (Patient taps thumb with index finger in rapid succession.)

- 0 = Normal.
- 1 = Mild slowing and/or reduction in amplitude.
- 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.
- 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.
- 4 = Can barely perform the task.

**24. Hand Movements** (Patient opens and closes hands in rapid succession.)

- 0 = Normal.
- 1 = Mild slowing and/or reduction in amplitude.
- 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.
- 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.
- 4 = Can barely perform the task.

**25. Rapid Alternating Movements of Hands** (Pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously.)

0 = Normal.

1 = Mild slowing and/or reduction in amplitude.

2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.

3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.

4 = Can barely perform the task.

**26. Leg Agility** (Patient taps heel on the ground in rapid succession picking up entire leg. Amplitude should be at least 3 inches.)

0 = Normal.

1 = Mild slowing and/or reduction in amplitude.

2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.

3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.

4 = Can barely perform the task.

**27. Arising from Chair**

(Patient attempts to rise from a straightbacked chair, with arms folded across chest.)

0 = Normal.

1 = Slow; or may need more than one attempt.

2 = Pushes self up from arms of seat.

3 = Tends to fall back and may have to try more than one time, but can get up without help.

4 = Unable to arise without help.

**28. Posture**

0 = Normal erect.

1 = Not quite erect, slightly stooped posture; could be normal for older person.

2 = Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.

3 = Severely stooped posture with kyphosis; can be moderately leaning to one side.

4 = Marked flexion with extreme abnormality of posture.

**29. Gait**

0 = Normal.

1 = Walks slowly, may shuffle with short steps, but no festination (hastening steps) or propulsion.

2 = Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.

3 = Severe disturbance of gait, requiring assistance.

4 = Cannot walk at all, even with assistance.

**30. Postural 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.)

0 = Normal.

1 = Retropulsion, but recovers unaided.

2 = Absence of postural response; would fall if not caught by examiner.

3 = Very unstable, tends to lose balance spontaneously.

4 = Unable to stand without assistance.

**31. Body Bradykinesia and Hypokinesia** (Combining slowness, hesitancy, decreased armswing, small amplitude, and poverty of movement in general.)

0 = None.

1 = Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude.

2 = Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.

3 = Moderate slowness, poverty or small amplitude of movement.

4 = Marked slowness, poverty or small amplitude of movement.

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**IV. COMPLICATIONS OF THERAPY** (In the past week)

**A. DYSKINESIAS**

**32. Duration: What proportion of the waking day are dyskinesias present?**

(Historical information.)

- 0 = None
- 1 = 1-25% of day.
- 2 = 26-50% of day.
- 3 = 51-75% of day.
- 4 = 76-100% of day.

**33. Disability: How disabling are the dyskinesias?**

(Historical information; may be modified by office examination.)

- 0 = Not disabling.
- 1 = Mildly disabling.
- 2 = Moderately disabling.
- 3 = Severely disabling.
- 4 = Completely disabled.

**34. Painful Dyskinesias: How painful are the dyskinesias?**

- 0 = No painful dyskinesias.
- 1 = Slight.
- 2 = Moderate.
- 3 = Severe.
- 4 = Marked.

**35. Presence of Early Morning Dystonia** (Historical information.)

- 0 = No
- 1 = Yes

**B. CLINICAL FLUCTUATIONS**

**36. Are "off" periods predictable?**

- 0 = No
- 1 = Yes

**37. Are "off" periods unpredictable?**

- 0 = No
- 1 = Yes

**38. Do "off" periods come on suddenly, within a few seconds?**

- 0 = No
- 1 = Yes

**39. What proportion of the waking day is the patient "off" on average?**

- 0 = None
- 1 = 1-25% of day.
- 2 = 26-50% of day.
- 3 = 51-75% of day.
- 4 = 76-100% of day.

**C. OTHER COMPLICATIONS**

**40. Does the patient have anorexia, nausea, or vomiting?**

- 0 = No
- 1 = Yes

**41. Any sleep disturbances, such as insomnia or hypersomnolence?**

- 0 = No
- 1 = Yes

**42. Does the patient have symptomatic orthostasis?**

(Record the patient's blood pressure, height and weight on the scoring form)

0 = No

1 = Yes

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**V. MODIFIED HOEHN AND YAHR STAGING**

- STAGE 0 = No signs of disease.  
STAGE 1 = Unilateral disease.  
STAGE 1.5 = Unilateral plus axial involvement.  
STAGE 2 = Bilateral disease, without impairment of balance.  
STAGE 2.5 = Mild bilateral disease, with recovery on pull test.  
STAGE 3 = Mild to moderate bilateral disease; some postural instability; physically independent.  
STAGE 4 = Severe disability; still able to walk or stand unassisted.  
STAGE 5 = Wheelchair bound or bedridden unless aided.
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**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.  
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.  
80% = Completely independent in most chores. Takes twice as long. Conscious of difficulty and slowness.  
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.  
60% = Some dependency. Can do most chores, but exceedingly slowly and with much effort. Errors; some impossible.  
50% = More dependent. Help with half, slower, etc. Difficulty with everything.  
40% = Very dependent. Can assist with all chores, but few alone.  
30% = With effort, now and then does a few chores alone or begins alone. Much help needed.  
20% = Nothing alone. Can be a slight help with some chores. Severe invalid.  
10% = Totally dependent, helpless. Complete invalid.  
0% = Vegetative functions such as swallowing, bladder and bowel functions are not functioning. Bedridden.