

SEverity of Non-dopaminergic Symptoms in Parkinson's Disease (SENS-PD) scale

Cognitive functioning

Verbal recall

(N.B. 10 words are repeatedly shown for at least 4 seconds, get the patient to read them out loud, the time allowed for recall is unlimited.)

Instruction: "Read the following 10 words aloud and try to remember as many as possible. After reading them all, name as many words as possible, the order of naming the words is not important".

Butter arm shore letter queen cabin pole ticket grass engine

0 = 8 – 10 correct

1 = 6 – 7 correct

2 = 5 correct

3 = 4 correct

4 = ≤ 3 correct

Counting backwards (30 to 0)

(N.B. mistakes can be: the order, missing or not knowing a number, or not finishing off the series)

Instruction: "Would you subtract three from 30, and subtract three again from the result and continue till zero?".

0 = 0 mistakes

1 = 1 mistake

2 = ≥ 2 mistakes

Semantic fluency

(N.B. one-minute; no repetition or variations of words, such as lion-lioness, tiger-tigress; categories are allowed, bird and pigeon are both correct. Note all the animals named and count the number correctly named)

0 = ≥ 25 correct

1 = 20 – 24 correct

2 = 15 – 19 correct

3 = 0 – 14 correct

Psychotic symptoms

Hallucinations

Did you perceive (see, hear, feel, smell) things that you knew were not there or that other people didn't perceive? When you perceived it, did you realize it was not real? Did you sometimes act upon these phenomena (for instance tried to touch it)? Did these phenomena scare you? Did you get agitated or aggressive when you noticed these phenomena or when someone tried to convince you they were not real? For the caregiver: do you have the impression the patient perceived phenomena that were not there, for instance, did (s)he talk to people that were not there? Did (s)he know it was not real or could you convince him/her that it was not real? Did (s)he get agitated or aggressive when (s)he perceived these phenomena?

0 = absent

1 = mild; complete insight; non-threatening

2 = moderate; partial insight; can be convinced; may be threatening

3 = severe; no insight; cannot be convinced; may be associated with heightened emotional tone, agitation, aggression.

Illusions and Misidentification of persons

Did you perceive (see, hear) things differently than they really were (for instance a person instead of a tree, a bug instead of a crumb)? When you perceived them, did you realize it was not real? Did you sometimes act upon these phenomena (for instance tried to touch them)? Did these phenomena scare you? Did you get agitated or aggressive when you noticed these phenomena or when someone tried to convince you they were not real? For the caregiver: do you have the impression the patient perceived phenomena differently, for instance, did (s)he wave to a tree or picked up a crumb saying it is bug? Did (s)he know it was not real or could you convince him/her that it was not real? Did (s)he get agitated or aggressive when he perceived these phenomena?

0 = absent

1 = mild; complete insight; non-threatening

2 = moderate; partial insight; can be convinced; may be threatening

3 = severe; no insight; cannot be convinced; may be associated with heightened emotional tone, agitation, aggression.

Confusion: (impaired attention, memory, orientation in time, place or person, or incoherence of speech)

Were you able to think as clearly as you used to? Were you able to concentrate? (on a book or a conversation?) How was your memory? (Did you forget what you were doing?) How was your orientation? (Did you always know where you were, could you find your way; did you know what day/month it was or whether it was morning or evening; did you always know who a familiar person was). How coherent was your speech (Did you sometimes stop when talking because you couldn't focus on the topic or made an illogical switch to another subject?) For the caregiver: do you have the impression the patient had difficulties with concentration, memory, orientation or speech?

0 = absent

- 1 = mild; mildly impaired awareness of environment or mildly impaired attention; may have some problems with memory, orientation, or incoherence of speech
- 2 = moderate; considerably impaired awareness of environment; impaired attention; may have considerable problems with memory, orientation, or incoherence of speech
- 3 = severe; unaware of environment, unable to focus, sustain, or shift attention; may have severe problems with memory, orientation, or incoherence of speech.

Postural-Instability-and-Gait-Difficulty

Rise from chair

patient is instructed to fold arms across chest; use straight back chair

- 0 = normal
- 1 = slowly; does not need arms to get up
- 2 = needs arms to get up (can get up without help)
- 3 = unable to rise (without help).

Gait

assess gait pattern; use walking aid or offer assistance, if necessary

- 0 = normal
- 1 = mild slowing and/or reduction of step height or length; does not shuffle
- 2 = severe slowing, or shuffles or has festination
- 3 = unable to walk.

Postural instability

stand behind the patient and pull patient backwards, while s/he is standing erect with eyes open and feet spaced slightly apart; patient is not prepared

- 0 = normal, may take up to 2 steps to recover
- 1 = takes 3 or more steps; recovers unaided
- 2 = would fall if not caught
- 3 = spontaneous tendency to fall or unable to stand unaided.

Patient questionnaire

Excessive daytime sleepiness

How often in the past month have you fallen asleep unexpectedly either during the day or in the evening?

- 0 = never
- 1 = sometimes
- 2 = regularly
- 3 = often

How often in the past month have you fallen asleep while sitting peacefully?

- 0 = never
- 1 = sometimes
- 2 = regularly
- 3 = often

How often in the past month have you fallen asleep while watching TV or reading?

- 0 = never
- 1 = sometimes
- 2 = regularly
- 3 = often

Autonomic dysfunction

If you have used medication in the past month in relation to one or more of the problems mentioned, then the question refers to how you were while taking this medication.

In the past month, did you have to strain hard to pass stools?

- 0 = never
- 1 = sometimes
- 2 = regularly
- 3 = often

In the past month, have you had involuntary loss of urine?

- 0 = never
- 1 = sometimes
- 2 = regularly
- 3 = often / use catheter

In the past month, did you become light-headed after standing for some time?

- 0 = never
- 1 = sometimes
- 2 = regularly
- 3 = often

In the past month, have you used medication for:

Constipation? no yes: _____

Urinary problems? no yes: _____

Blood pressure? no yes: _____

Depressive symptoms

Please answer the following 3 questions with the option that best describes how you have been feeling during the last week.

I still enjoy things I used to enjoy

0 = definitely as much

1 = not quite so much

2 = only a little

3 = hardly at all

I can laugh and see the funny side of things

0 = as much as I always could

1 = not quite as much now

2 = definitely not so much now

3 = not at all

I look forward with enjoyment to things

0 = as much as I ever did

1 = rather less than I used to

2 = definitely less than I used to

3 = hardly at all