

Tremor Assessment Form

Patient Name: _____ Date: _____

Dominant Hand: R L
(circle one)

Physician: _____

Description of Tremor

<i>Location</i>	<i>Severity</i>	<i>When present?</i>			
Face/Chin		R	P	K	
Voice		R	P	K	
Tongue		R	P	K	
Head/Neck		R	P	K	
Trunk		R	P	K	T
Right Arm		R	P	K	T
Left Arm		R	P	K	T
Right Leg		R	P	K	T
Left Leg		R	P	K	T

Severity: R = resting
 0-none P = postural
 1-mild k = kinetic
 2-moderate T = task-specific
 3-severe
 4-incapacitating

Current Medications for Tremor

<i>Medications</i>	<i>Dose</i>	<i>Frequency</i>

Patient's Response to Therapy

Patient's Level of Difficulty with:

- | | | |
|-------------------------------------|--------------------|------------------------------|
| ___ working | ___ speaking | ___ writing |
| ___ dressing | ___ fine movements | ___ depression due to tremor |
| ___ pouring | ___ hygiene | ___ anxiety due to tremor |
| ___ eating | ___ drinking | ___ embarrassment |
| ___ involvement in social functions | | |

Archimedes Spiral

Left hand
Physician rating _____

Right hand
Physician rating _____

Severity:
0-none
1-mild
2-moderate
3-severe
4-incapacitating

Line Drawing

R • •

L • •

Left hand
Physician rating _____

Right hand
Physician rating _____

Handwriting Sample

Speech and Voice Exam

Conversational speech

Physician rating _____

Count to 10

Physician rating _____

Sustained "eeeeee" for 5 seconds

Physician rating _____