

Dr. Chalfin's Tremor Questionnaire (for those without a diagnosis of Parkinson's)

Tremor is defined as uncontrollable shaking or quivering of the body part in question.

On a typical day, how many of your waking hours do you have a tremor? _____

Rate your tremor in each body part with 0-5 where 0 = no tremor and 5 = severe tremor:

☐ Head _____ ☐ Voice _____ ☐ RIGHT arm/hand _____ ☐ LEFT arm/hand _____
☐ RIGHT leg/foot _____ ☐ LEFT leg/foot _____

In the past month, if you are taking medication for your tremor,

Have you had **side effects** from your tremor medications? _____

Have you been **satisfied with the tremor control** achieved by your medications? _____

Check off any of the following activities that your tremor significantly (negatively) impacts on a regular basis.

Ability to communicate	Fixing things around the house	Drinking (pouring, bringing to mouth, spilling)	Loneliness/Isolation
Your job/profession	Dressing (buttoning, zipping, tying shoes)	Reading or holding reading material	Worrying about the future
Your finances	Brushing/flossing teeth	Relationships	Using alcohol more frequently
Your hobbies	Eating (bringing food to mouth, spilling)	Self-confidence	Difficulty concentrating
Writing (letters, forms)		Embarrassment, Depression,	
Using a computer			
Using your phone			

Have you had any of the following problems?

Loss of sense of taste/smell	Intense, vivid, or frightening dreams
Nausea/vomiting/difficulty eating a full meal	Talking or moving about in their sleep as if they are "acting out" a dream
Urinary urgency or frequent urination at night	Unexplained pains not due to arthritis
Finding it difficult to have sex when they try	Unexplained change in weight not due to change in diet
Change in sweating	Episodes of semi-consciousness while awake
Double vision	Severe fluctuation in level of cognitive functioning
Difficulty getting to sleep or staying asleep at night	Falls
Unpleasant sensations in legs at night or while resting, needing to move them	