International Parkinson and
Movement Disorder Society

CBFS

Cortical Basal ganglia Functional Scale

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Cortical Basal ganglia Functional Scale (CBFS)
Instructions:

This questionnaire will ask about daily activities and behaviors. **The questions are for the patient, but should be answered by the patient and their caregiver working together.** If there is a disagreement between the two, the caregiver's response should be used.

Some of these questions may not apply to you and if there are no problems with an activity, simply mark "0: None: Normal (not a problem)", if there are slight problems mark "1: Slight", if there are mild problems mark "2: Mild", if there are moderate problems mark "3: Moderate" and if there are severe problems mark "4: Severe".

Please read each question carefully and consider all the choices before choosing the best answer. When you answer, give the best answer that describes the difficulties the patient may be having over the **PAST TWO WEEKS, INCLUDING TODAY**.

Most people can do things better at some time and less well at another time. For this questionnaire, consider the **USUAL or AVERAGE** function over the past two weeks, including today, and choose the answer that best describes what can be done or what problems might be present most of the time. Also, base your response on the problem causing the most trouble for the patient. For example, if you are given two possible problems or choices, select the one that interferes most with the patient's normal activity.

We have provided EXAMPLES of the problems that patients may have with various activities or behaviors. These are examples only. You don't have to have any of the specific examples to have problems with a particular activity or behavior.

There may be more than one medical condition that affects the activities or behaviors. Do not worry about separating these other conditions. Just answer the question with your best response for the patient's usual functioning.

Use only 0, 1, 2, 3, 4 for answers, nothing else. Do not leave any blanks.

Your doctor or nurse can review the questions with you, but this questionnaire is for you to complete.

Thank you for your time and attention in completing this questionnaire.

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Part A. Motor Experiences of Daily Living

A1. SPEAKING

Over the past two weeks, have you usually had problems with your speech?

0: Normal: Not at all (no problems).
1: Slight: My speech is soft, slurred, slow or uneven, but easily understood by others.
2: Mild: Because of my speech problems people occasionally ask me to repeat myself, or it takes me a long time to be understood due to trouble getting words out.
3: Moderate: My speech is so unclear that people frequently ask me to repeat myself or I have a great deal of difficulty expressing myself.
4: Severe: Most or all of my speech cannot be understood or I cannot express myself at all.

A2. SALIVA & DROOLING

Over the past two weeks, have you usually had too much saliva while you are awake or when you sleep?

0: Normal: Not at all (no problems).
1: Slight: I have too much saliva, but do not drool.
2: Mild: I have some drooling during sleep, but none when I am awake.
3: Moderate: I have some drooling when I am awake, but I usually do not need tissues or a handkerchief.
4: Severe: I have so much drooling that I regularly need to use tissues or a handkerchief to protect my clothes.

A3. EATING TASKS

Over the past two weeks, have you usually had trouble handling your food and using eating utensils?
(Examples: having trouble handling finger foods or using forks, knives, spoons or chopsticks)

0: Normal: Not at all (No problems).
1: Slight: I am slow or clumsy with my eating, but I do not need any help handling my food and have not had food spills while eating.
2: Mild: I have occasional food spills or accidents. I may need help with a few tasks such as cutting meat.
3: Moderate: I need help with most eating tasks but can manage a few alone or with minimal help.
4: Severe: I need help with all or almost all eating tasks.

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A4. CHEWING AND SWALLOWING

Over the past two weeks, have you usually had problems drinking, swallowing pills or eating meals not related to problems handling your food?
(Examples: need your pills cut or crushed or your meals specially prepared, such as made soft, chopped-up or blended to avoid choking)

0: Normal: No problems.
1: Slight: I am slow in my chewing or need increased effort to swallow, but I do not cough or choke on either solids or liquids. I do not need to have my food specially prepared.
2: Mild: I need to have my pills cut or my food specially prepared because of chewing or swallowing problems, or I occasionally coughed or choked on either liquids or solids over the past two weeks.
3: Moderate. I coughed or choked a lot on either liquids or solids over the past two weeks.
4: Severe: Chewing and swallowing problems have led to emergency treatment, or the need for a feeding tube.

A5. DRESSING

Over the past two weeks, have you usually had problems dressing?
(Examples: being slow getting dressed or needing help with buttons, zippers, jewelry or clothes)

0: Normal: Not at all (no problems) and I have not had to change the way I perform my dressing activities because of my illness.
1: Slight: I have trouble getting dressed or have changed how I get dressed to adapt to my illness, but I do not need help.
2: Mild: I have trouble getting dressed and need help for a few dressing tasks (buttons, bracelets, putting on heavy coats or sweaters).
3: Moderate: I need help for many dressing tasks but can manage some alone or with minimal help.
4: Severe: Someone must perform all or almost all of my dressing tasks.

A6. HYGIENE

Over the past two weeks, have you usually had trouble with grooming tasks like washing, bathing, using the toilet, shaving, brushing teeth, or combing your hair?

0: Normal: Not at all (no problems) and I have not had to change the way I perform my grooming activities because of my illness.
1: Slight: I have trouble with my grooming or have changed how I groom myself to adapt to my illness, but I do not need any help.
2: Mild: I need someone else to help me with a few grooming tasks.
3: Moderate: I need help for most grooming tasks but can manage a few alone or with minimal assistance.

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4: Severe: I need help with all or almost all of my grooming tasks.

A7. HANDWRITING OR TYPING
Over the past two weeks, have you usually had trouble with typing or writing?
Rate whichever you typically used to communicate before your illness began.

0: Normal: Not at all (no problems).
1: Slight: My writing or typing is slow, clumsy or uneven, but the words are easy to understand.
2: Mild: I make some errors typing or writing that sometimes makes it difficult to understand.
3: Moderate: I make lots of errors typing or writing that often makes it difficult to understand.
4: Severe: Because of these problems I usually do not write or type.

A8. DOING HOBBIES AND LEISURE ACTIVITIES
Over the past two weeks, have you usually had trouble doing your hobbies or other activities that you enjoy?
(Examples: playing card games, putting together models, knitting, sewing or playing a musical instrument)

0: Normal: Not at all (no problems).
1: Slight: I have a bit of difficulty doing some of these things, but I can do them on my own.
2: Mild: I have some difficulty doing some of these activities and need help for some.
3: Moderate: I have major problems doing many of these activities and need help to do most of them.
4: Severe: I am usually unable to do any of these activities.

A9. TURNING IN BED
Over the past two weeks, do you usually have trouble turning over in bed?

0: Normal: Not at all (no problems).
1: Slight: I have a bit of trouble turning myself in bed, but I do not need any help.
2: Mild: I have a lot of trouble turning myself in bed and occasionally I need help.
3: Moderate: To turn over in bed I often need help.
4: Severe: I am usually unable to turn over in bed without help.

A10. GETTING INTO OR OUT OF BED, A CAR, OR A DEEP CHAIR
Over the past two weeks, have you usually had trouble getting into or out of bed, a car seat, or a deep chair?

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0: Normal: Not at all (no problems).
1: Slight: I am slow or awkward, but I can do it on my own.
2: Mild: I need occasional help when getting into or out of bed, a car or a deep chair.
3: Moderate: I need help getting in or out, but I can assist myself.
4: Severe: I need someone to do the work of getting me in or out and I cannot assist at all.

A11. WALKING AND BALANCE ONCE YOU ARE STANDING UP
Over the past two weeks, have you usually had problems with walking or balance? Consider only how you do once you are up and on your feet.

0: Normal: Not at all (no problems).
1: Slight: I am slightly slow, but I do not use a walking aid, walls or furniture for balance. I have not fallen in the past two weeks.
2: Mild: I do not use a walking aid or other support such as walls or furniture for walking, but I have occasionally fallen in the past 2 weeks.
3: Moderate: I have fallen frequently over the past two weeks or would have fallen if I did not use a walking aid or other support.
4: Severe: I can barely walk or can't walk at all even with the support of another person. I usually need a wheelchair.

A12. SPONTANEOUS INVOLUNTARY MOVEMENTS
Over the past two weeks, have your arms and legs moved involuntarily or by themselves as if they are not under your control? This does not include problems you may have releasing or letting go of objects from your hand.
(Examples: limb or body shaking, jerking or a limb moves by itself as if it has a mind of its own)

0: Normal: Not at all (no problems).
1: Slight: These movements are present, but they do not interfere with any of my activities.
2: Mild: These movements are present and they cause some trouble, but I still can complete most tasks successfully.
3: Moderate: These movements are present and they interfere with many activities and make some impossible.
4: Severe: These movements are present and make most tasks impossible.

A13. URINARY CONTROL PROBLEMS
Over the past two weeks, have you usually had trouble controlling your urine, not because of having to wait to start your urine stream or prolonged dribbling at the end of urinating?

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0: Normal: No urine control problems.
1: Slight: I need to urinate often or urgently. However, these problems do not interfere with my daily activities. I do not have urine accidents.
2: Mild: Urine problems interfere with my daily activities. However, I do not have urine accidents.
3: Moderate: Urine problems cause a lot of difficulties with my daily activities, including urine accidents. I may have to use protective underwear but I can still control my urine sometimes.
4: Severe: I cannot control my urine and always use protective underwear or have a catheter.

A14. VISUAL PROBLEMS
Over the past two weeks have you usually had visual problems such as keeping your eyes open, trouble reading, watching TV, or looking at your plate when eating? These happen even when your vision has been tested and glasses don't help.

0: Normal: None. I don't have any problems with my vision.
1: Slight: I have difficulty seeing such as blurring of vision or difficulty opening my eyes, but this doesn't cause problems with any of my activities.
2: Mild: I have visual problems that cause a few problems with activities, but no activities are impossible due to my visual difficulties.
3: Moderate: I have visual problems that make some but not all activities impossible including reading, watching TV, eating.
4: Severe: My visual problems make it impossible for me to read, watch TV.

Part B. Non-Motor Experiences of Daily Living

B1. UNDERSTANDING WHAT I READ
Over the past two weeks, have you usually had trouble **understanding** things you read? This can be due to visual or other problems.

0: None: Normal (not a problem).
1: Slight: I have a few problems with understanding what I read, but they do not cause me any trouble doing things.
2: Mild: Understanding written text causes some trouble in my day-to-day life.
3: Moderate: Understanding written text causes a lot of trouble in my day-to-day life.
4: Severe: I cannot understand written text at all.

B2. THINKING CLEARLY
Over the past two weeks, have you been confused about things like knowing what time or day it is, where you are or had problems paying attention to what is happening around you?

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0: None: Normal (not a problem).
1: Slight: I have some confusion, but it does not cause me any trouble doing things.
2: Mild: Confusion causes some trouble in my day-to-day life.
3: Moderate: Confusion causes a lot of trouble in my day-to-day life.
4: Severe: Confusion makes most day-to-day tasks impossible.

B3. REMEMBERING THINGS

Over the past two weeks have you noticed problems with your memory? (Examples: forgetting where you put things, what you were doing, or the names of close friends and family members)

0: None: Normal (not a problem).
1: Slight: I have a few problems with my memory, but they do not cause me any trouble doing things.
2: Mild: Memory problems cause some trouble in my day-to-day life.
3: Moderate: Memory problems cause a lot of trouble in my day-to-day life.
4: Severe: Memory problems make most day-to-day tasks impossible.

B4. MANAGING FINANCES

Over the past two weeks have you usually had trouble managing your money and finances, not related to physical or coordination problems? (Examples: not being as careful using your money, paying bills or keeping track of your money)

0: None: Normal. No problems.
1: Slight: I have some difficulty managing my finances, but it does not cause any problems for me.
2: Mild: I have difficulty managing my finances, but it causes only a few problems for me. I occasionally need some help from someone else.
3: Moderate: I have difficulty managing my finances and it causes a lot of problems for me. I often need some help from someone else.
4: Severe: Because of problems managing my finances I no longer manage my own finances.

B5. PERFORMING COMPLEX OR MULTIPLE TASKS

Over the past two weeks have you noticed problems trying to do complicated actions or trying to do more than one thing at a time, not related to physical or coordination problems? (Examples: trouble following the order of things to do to get something done or doing something that requires several steps in the right order, such as packing your suitcase for a trip or cooking a meal)

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0: None: Normal (not a problem).
1: Slight: I have these kinds of problems, but they do not cause me any trouble doing things.
2: Mild: These problems cause some trouble in my day-to-day life.
3: Moderate: These problems cause a lot of trouble in my day-to-day life.
4: Severe: These problems are so bad I cannot do most complicated tasks.

B6. ACTING APPROPRIATELY AROUND OTHERS

Over the past two weeks, have you noticed problems in how you behave with other people?
(Examples: acting in a way that cause problems with friends, family or strangers – such as saying things that are too personal or embarrassing to others; using more swear words than usual; hugging, touching or getting too close to people; taking things without asking or eating someone else's food)

0: Normal: Not at all (no problem).
1: Slight: I do some of these things, but they do not cause any problems.
2: Mild: I do these things and they cause some trouble being with people.
3: Moderate: I do these things and they cause a lot of trouble being with people.
4: Severe: I do these things and they make it almost impossible to be with people.

B7. DOING THINGS OVER AND OVER REPETITIVELY

Over the past two weeks have you been doing something over and over for no good reason?
(Examples: being fidgety, repeatedly getting dressed or undressed, watching the same television show over and over, tapping your finger or foot over and over, picking at things repeatedly, or playing the same computer games over and over. This does not include doing something many times to get it done right.)

0: Normal: Not at all (no problem).
1: Slight: I do these types of repetitive actions, but they do not cause any problems doing my activities.
2: Mild: These repetitive actions cause some trouble doing things.
3: Moderate: These repetitive actions cause a lot of trouble with doing things.
4: Severe: These repetitive actions make it impossible to do things without supervision.

B8. DIET AND FOOD PREFERENCES

Over the past two weeks, have you noticed trouble controlling how much or what you eat, not related to physical or coordination problems?

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(Examples: eating too quickly or too much, putting too much food in your mouth at one time, eating more sweets than usual, eating the same thing all the time, or putting non-food items in your mouth)

0: Normal: Not at all (no problem).
1: Slight: I have some of these problems, but my eating habits have not changed.
2: Mild: I have some of these problems and I am eating differently.
3: Moderate: I have greatly changed my eating so I only eat certain foods, or have put on a lot of weight over a short period of time, or I choke because I eat too much or too quickly.
4: Severe: Because of these kind of eating problems or changes in eating habits someone else has to manage my eating.

B9. MOOD

Over the past two weeks have you felt low, sad, hopeless or unable to enjoy things? If yes, was this feeling for longer than one day at a time? Did it make it difficult for you carry out your usual activities or to be with people?

0: None: Normal (not a problem).
1: Slight: I have these kinds of feelings, but they usually do not last longer than one day. They do not cause problems doing things or being with people.
2: Mild: I have these feelings and they usually last longer than one day, but they only cause some trouble doing things or being with people.
3: Moderate: I have these feelings quite a lot and they cause a lot of trouble doing things or being with people.
4: Severe: These feeling are so bad that I usually cannot do things or be with other people.

B10. FEELING ANXIOUS OR PANICKY

Over the past two weeks have you felt nervous, worried or tense? If yes, did these feelings last longer than one day at a time? Did they make it difficult for you to do your usual activities or to be with other people?

0: None: Normal (not a problem).
1: Slight: I have felt anxious, but it does not last more than one day at a time and it does not cause any problems doing activities or being with other people.
2: Mild: My anxious feelings last more than one day at a time or they occasionally cause some trouble doing things or being with people.
3: Moderate: My anxious feelings cause a lot of trouble doing things or being with people.
4: Severe: I feel so anxious that I usually cannot do my activities or be with other people.

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B11. FEELING MOTIVATED
Over the past two weeks, have you usually felt indifferent to doing things or being with people, not related to physical or coordination problems? These feelings are not due to feeling down or blue.

0: None: Normal (not a problem).
1: Slight: This indifference is present, but it does not cause any trouble.
2: Mild: This indifference is present and it causes some trouble doing things or being with people.
3: Moderate: This indifference is present and it causes a lot of trouble doing things or being with people.
4: Severe: This indifference is so bad I have stopped doing many or most activities.

B12. CARING ABOUT OTHERS
Over the past two weeks, have you felt a lack of caring for people you usually care about?
(Examples: feeling less concerned with others' wellbeing; feeling emotionally colder)

0: None: Normal (not a problem).
1: Slight: I notice some of these feelings, but they do not cause any problems being with other people or maintaining relationships.
2: Mild: This indifference is present and it causes some trouble being with other people or maintaining relationships.
3: Moderate: This indifference is present and it causes a lot of trouble being with other people or maintaining relationships.
4: Severe: This indifference is so bad I have stopped being with other people most of the time.

B13. AGITATION
Over the past two weeks, have you noticed trouble controlling your temper?
(Examples: having more arguments or fights with other people; getting irritated more easily)

0: Normal: Not at all (no problem).
1: Slight: These types of things occur more often than before my illness but do not cause any difficulties with doing things or being with people.
2: Mild: This occurs and it causes some trouble doing things or being with people.
3: Moderate: This occurs and it causes a lot of trouble doing things or being with people. I may need the use of calming medications.
4: Severe: Agitation is a major problem and has caused me to be hospitalized, detained or restrained in some way despite any use of calming medications.

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B14. SLEEPING AT NIGHT
Over the past two weeks, have you usually had trouble going to sleep at night or staying asleep through the night? Don't consider waking to go to the bathroom, but do consider whether you can go back to sleep quickly.

0: Normal: No problems.
1: Slight: Sleep problems are present but usually do not prevent me from getting a full night of sleep.
2: Mild: Sleep problems usually cause some trouble getting a full night of sleep and I may occasionally use a sleep aid or sleeping medication.
3: Moderate: Sleep problems cause a lot of trouble getting a full night of sleep, but I still usually sleep for more than half the night. I may frequently use a sleep aid or sleeping medication.
4: Severe: I usually do not sleep for most of the night even with the use of a sleep aid or sleeping medication.

B15. STAYING AWAKE DURING THE DAY
Over the past two weeks, have you usually had trouble staying awake during the daytime?

0: Normal: No daytime sleepiness.
1: Slight: Daytime sleepiness occurs, and sometimes I may fall asleep, but I usually can resist and stay awake.
2: Mild: I fall asleep when alone and relaxing, for example, while reading or watching TV and I cannot resist and stay awake.
3: Moderate: I sometimes fall asleep when I should not, for example, while eating or talking with other people.
4: Severe: I often fall asleep when I should not, for example, while eating or talking with other people.

B16. FEELING PHYSICALLY OR MENTALLY FATIGUED
Over the two past weeks, have you felt an unexplained sense of exhaustion or fatigue? This feeling is <u>not</u> part of being sleepy, sad or having lost interest or motivation in doing things.

0: None: Normal (not a problem).
1: Slight: Fatigue occurs. However, it does not cause me trouble doing things or being with people.
2: Mild: Fatigue causes me some trouble doing things or being with people.
3: Moderate: Fatigue causes me a lot of trouble doing things or being with people. However, it does not stop me from doing anything.

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4: Severe: Fatigue usually stops me from doing things or being with people.

B17. FINDING YOUR WAY AROUND

Over the past two weeks have you usually had trouble going places, not related to physical or coordination problems or difficulty seeing things? For example, have you had trouble getting lost or not knowing where to go?

0: None: Normal. No problems.
1: Slight: I notice this, but it does not cause me any difficulty
2: Mild: I notice this and it causes some trouble doing things or being with people.
3: Moderate: I notice this and it causes me a lot of trouble doing things or being with people.
4: Severe: This is so bad I usually cannot go out without supervision.

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