

**Motor Questions**

1. Did [decedent] have problems swallowing pills or eating meals?  
Don't know      Not present      Subthreshold      At/above threshold
2. Did [decedent] ever have problems with fine coordination like handling finger food, or using knives, forks, spoons, or chop sticks?  
Don't know      Not present      Subthreshold      At/above threshold
3. Did [decedent] ever have a change in handwriting?  
Don't know      Not present      Subthreshold      At/above threshold
- 3a. If yes, did [decedent] handwriting become smaller?  
Don't know      Not present      Subthreshold      At/above threshold
4. Did [decedent] ever have shakiness or a tremor?  
Don't know      Not present      Subthreshold      At/above threshold
- 4a. If yes, was the tremor most apparent at rest? (i.e., when not using hands, when arms at his/her side, while walking).  
Don't know      Not present      Subthreshold      At/above threshold
- If yes to 4., which body parts were affected? (Select all that apply)
- |                   |         |
|-------------------|---------|
| Upper extremities | Jaw     |
| Lower extremities | Unknown |
| Head              |         |
- If yes to 4., Was one side of the body more affected by the tremor? (Select one)
- |                        |         |
|------------------------|---------|
| Left                   | N/A     |
| Right                  | Unknown |
| Sides equally affected |         |
5. Did [decedent] ever have problems with his walking or gait?  
Don't know      Not present      Subthreshold      At/above threshold
6. Did [decedent] have a shuffling gait?  
Don't know      Not present      Subthreshold      At/above threshold
7. Did [decedent] fall more than usual?  
Don't know      Not present      Subthreshold      At/above threshold
8. Did [decedent] have changes in his facial expression?  
Don't know      Not present      Subthreshold      At/above threshold
9. Did [decedent] movements become slower?  
Don't know      Not present      Subthreshold      At/above threshold
10. Did [decedent] ambulate with assistance? (i.e., wheelchair, cane, walker, etc.)?  
Don't know      Not present      Subthreshold      At/above threshold
- If yes, please describe progression and timeframe:
11. Did [decedent] ever have stiffness of rigidity of his/her body?  
Don't know      Not present      Subthreshold      At/above threshold
- If at/above threshold or subthreshold for 19; which body parts were affected? (Select all that apply)
- |                   |            |
|-------------------|------------|
| Upper extremities | Body/trunk |
| Lower Extremities | Unknown    |
- If at/above threshold or subthreshold for 19; was one side of the body more affected by the stiffness/rigidity?
- |                        |         |
|------------------------|---------|
| Left                   | N/A     |
| Right                  | Unknown |
| Sides equally affected |         |
12. At what age did earliest [motor] issues start? Date or age: