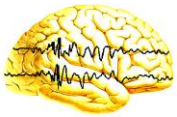
Department of Neurology
Kernodle Clinic



Dr. Hemang Shah, MD

Tremor Questionnaire

{Note this form needs to be filled out **in addition** to new patient form}

1) What body part is affected? (circle) Right hand / left hand / right leg / left leg / head / voice / jaw / trunk

2) Does the tremor worsen when you do certain tasks? Yes / No, If yes – list tasks:

3) How long have you had the tremor?

4) Did the tremor come on suddenly? Yes / No

5) What makes your tremor worse? Anxiety / nervousness / _____ / _____ / _____

6) What makes your tremor better? Alcohol / Rest / Sleep / _____ / _____ / _____

7) How many caffeinated drinks do you use a day?

8) Do any family members have tremor? Yes / No, If yes – Who?

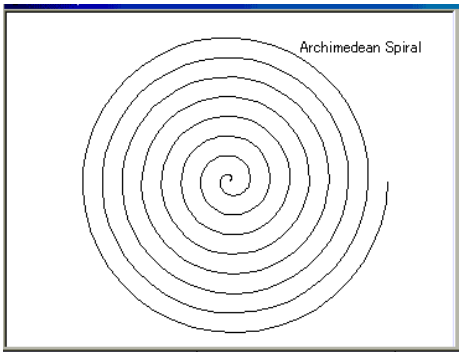
9) Have you ever had a head injury? Yes / No, if yes – give details

10) What medications has been tried for you tremors:

11) Does alcohol temporarily reduce the tremor? Yes / No / don't know

12) What tests (blood work, brain scan) has been done for your tremors:

Physician use Only
Parkinsonism
- Hyposmia
- Hypomimia
- Hypophonia
- Drooling
- Dysphagia
- Depression
- Visual Hallucination
- Anxiety
- Stiffness (fatigue)
- Bradykinesia
- Resting Tremor
- Micrographia
- Imbalance
- Hunched forward
- Shuffling gait
- Urinary Urgency
- Sexual Dysfunction
- Constipation
- RBD
- Orthostasis
- Melanoma



(Dr. Shah may use above image to further evaluate your tremor)

Patient Name: _____ DOB: _____