

**Standardized neurological clinical interview for Parkinson's disease****Personal data:****Code:**

Birthdate:	Sex: <input type="checkbox"/> Woman <input type="checkbox"/> Man
Dominance: <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> Ambidextrous	Civil status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Couple <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Lives with: <input type="checkbox"/> Partner <input type="checkbox"/> Children <input type="checkbox"/> Partner and child/ren <input type="checkbox"/> Alone <input type="checkbox"/> Others	Academic level: <input type="checkbox"/> No studies <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High school <input type="checkbox"/> Professional training <input type="checkbox"/> University
Current occupation: <input type="checkbox"/> Professional <input type="checkbox"/> Retired by age <input type="checkbox"/> Trade job <input type="checkbox"/> Retired due to illness <input type="checkbox"/> Work at home <input type="checkbox"/> Unemployed	Specify formation:  Specify year of retirement (if applicable):
Specify type of current or previously performed work (and number of years):	
Smoking habit: <input type="checkbox"/> Do smoke, daily <input type="checkbox"/> Do smoke, not daily <input type="checkbox"/> Does not currently smoke, but has smoked before <input type="checkbox"/> Does not smoke, nor has ever smoked regularly	Alcohol (specify amount): <input type="checkbox"/> Every day <input type="checkbox"/> Some day a week <input type="checkbox"/> Some day a month <input type="checkbox"/> Do not consume alcohol
Physical activity level: (specify activity and amount) <input type="checkbox"/> Completely inactive (read, TV...) <input type="checkbox"/> Occasional physical or sporting activity (walking, gardening, cycling, gymnastics...) <input type="checkbox"/> Regular physical activity (walking, tennis, swimming...)	
Intellectual activity level: (specify activity and amount) <input type="checkbox"/> Completely inactive <input type="checkbox"/> Occasional intellectual activity <input type="checkbox"/> Regular intellectual activity	
Has COVID-19 passed? (when, severity of symptoms, duration) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been vaccinated against COVID-19? (when, vaccine) <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Parkinson start and history:**

Year of diagnosis of Parkinson's disease:	Evolution in years to the current date:
Family history: <input type="checkbox"/> no history <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> both parents <input type="checkbox"/> sibling/s <input type="checkbox"/> grandfather/s	
Other diagnoses (specify date):	
Parkinsonian medication, time taken and amount (mg):	Other medications, time taken and amount (mg):

Physiotherapy (where?): <input type="checkbox"/> not performed <input type="checkbox"/> 1 time/week <input type="checkbox"/> 2 times/week <input type="checkbox"/> 3 times/week <input type="checkbox"/> 4 or more times/week	
Other therapies (which ones and frequency):	

**Parkinsonian signs:**

Hoehn and Yarh Stadium:	UPDRS III Score:
Predominance of signs: <input type="checkbox"/> Right hemibody <input type="checkbox"/> Left hemibody <input type="checkbox"/> Bilateral	
Side of the body where the signs first appear (specify): <input type="checkbox"/> Right hemibody <input type="checkbox"/> Left hemibody <input type="checkbox"/> Both	
Rest tremor: <input type="checkbox"/> Right hemibody <input type="checkbox"/> Left hemibody <input type="checkbox"/> Both <input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb	
Bradykinesia: <input type="checkbox"/> Right hemibody <input type="checkbox"/> Left hemibody <input type="checkbox"/> Both <input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb	
Stiffness: <input type="checkbox"/> Right hemibody <input type="checkbox"/> Left hemibody <input type="checkbox"/> Both <input type="checkbox"/> Upper limb <input type="checkbox"/> Lower limb	
Postural alteration: <input type="checkbox"/> Positive destabilization test <input type="checkbox"/> Romberg + eyes open <input type="checkbox"/> Romberg + eyes closed	
Other signs:	
MMII length: <u>cm right</u> <u>cm left</u>	
Number of falls in the last month:	

**Comments/others:**


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**Inclusion/exclusion criteria:**

<i>Inclusion criteria:</i>	
PD diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
H&Y Stadium between I and IV	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent walking with or without technical assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stable parkinsonian medication last month	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Exclusion criteria:</i>	
Presence of other diseases that affect balance or gait	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other diagnosed neurological pathologies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncontrolled chronic diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participate in another physical rehabilitation program during the intervention period or 1 month before starting it	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not mastering one of the two official languages of the Valencian Community	<input type="checkbox"/> Yes <input type="checkbox"/> No