S A D I M o D

Schedule for the Assessment of
Drug–Induced Movement Disorders

Date	
Time	
Initials	
Patientnr.	

Questionnaire to be filled out by the patient

Please answer the questions by circling your answer. First, a number of general questions will be asked. Next, a number of questions follow on how you are feeling. Please pay attention to the time that is indicated with every question. Some questions may not apply to you. If this is the case you should circle the answer "not applicable" (n.a.).

General questions

Do you wear a set of dentures?	yes	no	
if yes, are you now wearing your dentures?	yes	no	n.a.
if yes, do your dentures fit properly?	yes	no	n.a.
Do you have a lot of salivation?	yes	no	
Do you have a dry mouth?	yes	no	

The following questions refer to how you are feeling <u>at this moment</u>. With "this moment" we mean how you are feeling today, *at this very moment.*

Do you feel depressed at this moment?	yes	no	
Do you feel anxious at this moment?	yes	no	
Do you feel drowsy at this moment?	yes	no	
Do you feel restless at this moment?	yes	no	
Do you, at this moment, have the urge to move your legs?	yes	no	
Do you, at this moment, have the urge to get up and walk around?	yes	no	

Are you, at this moment, bothered by this restlessness due to an urge to move? (mark the right answer)	□ n.a. (I do not feel restless) □ no problem □ a minor problem □ an average problem □ a serious problem □ a very serious problem

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The following questions refer to how you were feeling *during the past week*.

During the past week, were you bothered by intense fatigue?	yes	no
During the past week, were you bothered by slowness in moving?	yes	no
During the past week, were you bothered by stiffness in the muscles?	yes	no
During the past week, were you bothered by an urge to move?	yes	no
An involuntary movement is a movement (of for instance an arm or a leg) that occurs without you wanting it to happen.		
During the past week, were you bothered by involuntary movements?	yes	no
During the past week, were you bothered by muscle spasms?	yes	no

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The following questions refer to how you were feeling *during the past four weeks*.

Have you experienced sudden problems whereby you found it very difficult or impossible to speak?	yes	no
If yes, how many times did this happen during the past four weeks?	_____	
Have you experienced sudden problems whereby you found it very difficult or impossible to swallow?	yes	no
If yes, how many times did this happen during the past four weeks?	_____	

Note: the examiner should explain the phenomena and verify the answers. The questionnaire overrules all other answers

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W R I T I N G T E S T

Write your initials here: _____

_____

Copy the following sentences between the lines:

_____

O listen for a moment, lads
And hear me tell my tale
How over the sea from England's shore
I was compelled to sail.

_____

Copy the following sentences between the lines again:

_____

O listen for a moment, lads
And hear me tell my tale
How over the sea from England's shore
I was compelled to sail.

_____

Copy the following sentences between the lines for the third time:

_____

O listen for a moment, lads
And hear me tell my tale
How over the sea from England's shore
I was compelled to sail.

_____

REMARKABLE OBSERVATIONS