

Movement Disorder Questionnaire, Part B

AHC Daily Episode Log

Child's Name: _____ DOB: _____

Please use the following definitions to complete questions 1-22

A **typical day** is estimated to include 12 hours of time awake. The questions below refer only to TODAY. If your child does not completely recover to their usual baseline in between episodes for at least 10 minutes, persistent symptoms should be coded as a single episode. Episodes for each day in this log will be coded separately, so that even if your child had a prolonged episode lasting the entire previous day, we will still count symptoms the following day as part of a new episode for purposes of this log.

A "**hemiparetic episode**" is considered any event involving one or more limbs on the same side of the body. The limb or limbs are either floppy (hemiplegic) or stiff (dystonic or tonic), making it more difficult or impossible for the individual to use the limb(s) on that side of the body. These episodes may or may not include abnormal eye movements or other signs including difficulty speaking

A "**full-body episode**" is considered any event in which all of the body is affected with stiffness (tonic or dystonic) or floppiness/weakness. It may or may not include abnormal eye movements or other signs including difficulty speaking. If the right arm and the left leg are affected at the same time, this event should be coded as a full-body episode, even if one arm or leg is still working. If both arms are affected at the same time, and the legs can still move but the child is unable to walk, this should be coded as a "fully-body" episode. If transient full body weakness occurs when hemiparetic episodes

switch sides, do not code it as a separate full body episode unless it lasts longer than 10 minutes.

Questions 1-4 refer to BOTH Hemiparetic & Full-Body episodes

1. Did your child have only Hemiparetic episodes, only Full-Body episodes, or both types of episodes today? Yes No

*If you selected **No episodes today** go to Question 30.*

2. How many total episodes (Hemiparetic & Full-Body) did your child have today? 1 2 3 4 5 6 7 8 9

10 11 12 13 14 15 16 17 18 19 20

more than 20

3. How many total episodes (Hemiparetic & Full-Body) lasting longer than 10 minutes did your child have today? 1 2

3 4 5 6 7 8 9 10 11 12 13

14 15 16 17 18 19 20 more than 20

4. What was the episode time/day percentage today?

1 hour or less (<10%)

1-3 hours (25%)

3-6 hours (50%)

6-9 hours (75%)

more than 9 hours (>75%) all waking hours (100%)

Please indicate the approximate percentage of the day that your child was disabled to any degree above their usual baseline due to hemiplegic or full body episodes:

Questions 5-13 refer ONLY to Hemiparetic Episodes

5. Did your child have a Hemiparetic episode today? Yes No

*If **NO**, go to question 14*

6. How many total Hemiparetic episodes today? 1 2 3

4 5 6 7 8 9 10 11 12 13 14

15 16 17 18 19 20 more than 20

7. How long did the longest Hemiparetic episode today last? _____

8. How many total Hemiparetic episodes lasting longer than 10 minutes today? 1 2 3 4 5 6 7 8 9
10 11 12 13 14 15 16 17 18 19 20
 more than 20 if 0, go to question 14

9. Hemiparetic Episode #1 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

10. Hemiparetic Episode #2 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine ? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

11. Hemiparetic Episode #3 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine ? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

12. Hemiparetic Episode #4 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

13. Hemiparetic Episode #5 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

Questions 14-22 Refer ONLY to Full-Body Episodes.

14. Did your child have a Full-Body Episode today?

Yes No *If NO, go to question 23*

15. How many total Full-Body episodes did your child have today?) lasting longer than 10 minutes did your child have today?

1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19 20
 more than 20

16. How long did the longest Full-Body episode last today?

17. How many total Full-Body episodes lasting longer than 10 minutes today?) lasting longer than 10 minutes did your child have today?

1 2 3 4 5 6 7 8 9
 10 11 12 13 14 15 16 17 18 19 20
 more than 20

if 0, go to question 23

18. Full-Body Episode #1 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

19. Full-Body Episode #2 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine ? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

20. Full-Body Episode #3 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

21. Full-Body Episode #4 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:

22. Full-Body Episode #5 (more than 10 minutes):

Total Duration Time: _____

Did you give your child any rescue medicine in an attempt to abort the episode? Yes No

If YES, what rescue medicine? and at what dose?

How many minutes into the episode did you give the rescue medicine? _____

How long after you gave the rescue medicine did the episode end? _____

Did you give an additional dose of a rescue medicine during this episode? Yes No

If YES, please provide more information in the text box below:



Questions 23-29 Refer ONLY to Seizure-Like episodes:

Please use the following definition to complete questions 23-29:

A "seizure-like episode" is considered any event in which the affected individual appears to be unconscious or incapable of understanding what you say. Such episodes are usually accompanied by either tonic full body stiffness or tonic-clonic activity with jerking of limbs, and usually abnormal eye movements.

23. Did your child have a Seizure-Like episode today?

Yes No

If **No**, go to question 30.

24. How many total Seizure-Like episodes did your child have today? 1 2 3 4 5 6 7 8 9 10 11

12 13 14 15 16 17 18 19 20

more than 20

25. How long did the longest Seizure-Like episode last today?

26. How many total Seizure-Like episodes lasting longer than 10 minutes did your child have today? 1 2 3 4 5

6 7 8 9 10 11 12 13 14 15 16

17 18 19 20

more than 20

27. Were there any associated difficulties with breathing during any Seizure-Like episodes today? Yes No

28. Please describe in detail any Seizure-Like episode your child had today:

29. Did your child receive any EXTRA medication today for Seizure-Like episodes episodes? Yes No

If YES, what rescue medicine? and at what dose?

30. Please rank the overall well being of your child on a 1-5 scale, with 1 being the worst and 5 being the best

1(worst) 2(below average) 3(average) 4(above average) 5
(best)

31. Thank you so much for your participation!

**Please contact Dr. Swoboda's Research Coordinators at
(801)585-6873 to report your daily log.**