Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **A little bit** | **Somewhat** | **Quite a bit** | **Very much** |
|  |
| TREM1 | I am bothered by hand tremors (shaky hands) | 0 | 1 | 2 | 3 | 4 |
| TREM2 | I have difficulty doing things because of hand tremors (shaky hands) | 0 | 1 | 2 | 3 | 4 |
| TREM3 | Hand tremors (shaky hands) interfere with my usual activities | 0 | 1 | 2 | 3 | 4 |
| BMT14 | I have tremors | 0 | 1 | 2 | 3 | 4 |
| MS3 | I am bothered by headaches | 0 | 1 | 2 | 3 | 4 |
| HI8 | I have trouble concentrating | 0 | 1 | 2 | 3 | 4 |
| HI9 | I have trouble remembering things | 0 | 1 | 2 | 3 | 4 |
| MS11 | My thinking is slower than before | 0 | 1 | 2 | 3 | 4 |