At least two of the following:
- akinesia (slowness/poverty of movement)
- rigidity
- rest tremor
- postural instability.

Akinesia needs to be present to make a diagnosis of idiopathic Parkinson’s disease, but it is often difficult to recognise. Ideally there would be akinesia and at least one of the other signs.

3 or more of the following:
- unilateral onset
- persistent asymmetry affecting the side of onset most
- rest tremor
- progressive disorder
- good response to levodopa (with exception of tremor which might not respond)
- levodopa induced dyskinesia
- long disease duration (>10 years).

Any of the following:
- Any severe brain pathology in CT / MRI Brain imaging e.g. :
  - severe vascular subcortical encephalopathy
  - multiple strokes
  - hydrocephalus (communicating hydrocephalus)
  - tumor / space occupying lesion (frontal, cerebellar)
  - cerebellar atrophy
- Symptoms occur while on anti-psychotic or dopamine depleting drugs (e.g. haloperidol, metoclopramide) and do not improve after drug withdrawal.
- Sustained remission without treatment.
- No improvement after 3 month trial of large doses of levodopa (if malabsorption is excluded).
- Strictly unilateral features after three years.
- Other neurological features:
  - supranuclear gaze palsy
  - cerebellar signs
  - severe antecollis
  - early severe autonomic involvement (e.g. incontinence; orthostatic hypotension)
  - early postural instability
  - Babinski sign
  - early dementia.