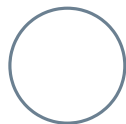




< SURVEY LIST



SURVEY TITLE

Impact of OFF Episodes



Do you experience OFF episodes?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO



Over the last week, on average... how many hours in the day are you typically awake?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: BETWEEN 0-4 HOURS
BETWEEN 5-8 HOURS
BETWEEN 9-12 HOURS
BETWEEN 13-16 HOURS
BETWEEN 17-20 HOURS
GREATER THAN 21 HOURS

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO



Over the last week, on average... how many of your awake hours are typically in an OFF state?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: LESS THAN 1 HOUR
BETWEEN 1-2 HOURS
BETWEEN 2-3 HOURS
BETWEEN 3-4 HOURS
GREATER THAN 4 HOURS

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.3

Over the last week, on average... how many OFF episodes do you experience in a typical day?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NO EPISODES, ZERO
1 EPISODE PER DAY
2 EPISODES PER DAY
3 EPISODES PER DAY
4 EPISODES PER DAY
GREATER THAN 4 EPISODES PER DAY

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.4

Over the last week, on average... what is the typical duration of each OFF episode?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: LESS THAN 15 MINUTES
BETWEEN 15 AND 30 MINUTES
BETWEEN 30 MINUTES AND 45 MINUTES
BETWEEN 45 MINUTES AND 1 HOUR
BETWEEN 1 HOUR AND 2 HOURS
GREATER THAN 2 HOURS

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.5

Over the last week, on average, when you experience an OFF episode, did it stop you from doing things?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0 – NEUTRAL: WHEN YOU HAVE OFF TIME, YOU CAN DO EVERYTHING THAT YOU CAN DO DURING ON TIME

1 – SLIGHT: OFF TIME SLOWS YOU ON A FEW ACTIVITIES, BUT YOU CAN DO EVERYTHING THAT YOU CAN DO DURING ON TIME

2 – MILD: OFF TIME SLOWS YOU ON MANY ACTIVITIES, BUT YOU CAN DO EVERYTHING THAT YOU CAN DO DURING ON TIME

3 – MODERATE: OFF TIME CAUSES YOU TO AVOID OR STOP DOING A FEW ACTIVITIES THAT YOU CAN DO DURING ON TIME

4 – SEVERE: OFF TIME CAUSES YOU TO AVOID OR STOP MOST ACTIVITIES THAT YOU CAN DO DURING ON TIME

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.6

During an OFF episode over the past week have you... Had difficulty with housework or cooking?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.7

During an OFF episode over the past week have you... Had difficulty with work task like typing?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.8

During an OFF episode over the past week have you... Had difficulty getting around in public?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.9

During an OFF episode over the past week have you... Been confined to the house more than you would like?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.10

During an OFF episode over the past week have you... Had difficulty washing/dressing yourself?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.11

During an OFF episode over the past week have you... Felt pain?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.12

During an OFF episode over the past week have you... Had difficulty walking safely?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.13

During an OFF episode over the past week have you... Felt depressed?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.14

During an OFF episode over the past week have you... Felt anxious?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.15

During an OFF episode over the past week have you... Had problems with concentration?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.16

During an OFF episode over the past week have you... Felt memory was bad?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.17

During an OFF episode over the past week have you... Felt unable to communicate properly?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER
OCCASIONALLY
FREQUENTLY
ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.18

During an OFF episode over the past week have you... Had trouble mentally changing from one task to another?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: NEVER
OCCASIONALLY
FREQUENTLY
ALWAYS (CANNOT DO AT ALL)

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.19

Any other things you would like to share about your off time?

HINT TEXT

(EMPTY)

TEXT INPUT

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.20

Over the last week, on average, how do OFF periods affect your overall feeling of health and well-being?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0 – NO EFFECT
1 – SLIGHT EFFECT
2 – MILD EFFECT
3 – MODERATE EFFECT
4 – SEVERE EFFECT

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.21

Over the last week, on an average day when you are in an ON state, you would rate your disability:

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0 - (NO DISABILITY/NO IMPACT)

1

2

3

4

5

6

7

8

9

10 - HIGH DISABILITY/HIGH IMPACT

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO

1.22

Over the last week, on an average day when experiencing OFF time, you would rate your disability:

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: 0 - (NO DISABILITY/NO IMPACT)

1

2

3

4

5

6

7

8

9

10 - HIGH DISABILITY/HIGH IMPACT

SKIP IF: 1. DO YOU EXPERIENCE OFF EPISODES?

IS: NO
