

Patient Therapeutic Preferences Questionnaire

Start of Block: Device Feature Definitions

Feature Descrips .Skin .QuestionText .UserTable {table-layout: auto !important;} .Skin #Buttons
{display: none;} Hours of “on time” each day

People with Parkinson’s disease can experience the following situations during the day:

The Parkinson’s treatment is **working** and your Parkinson’s symptoms are controlled better. The time each day when the Parkinson’s treatment is working to control your symptoms is called **“on time”**. The Parkinson’s treatment is **not working** and your Parkinson’s symptoms get worse. The time each day when the Parkinson’s treatment is not working and your symptoms are worse is called **“off time”**.

Severity of movement symptoms

People with Parkinson’s disease have different types of movement symptoms. These symptoms can include:

Resting tremor: a trembling in a body part when that body part is not performing an action **Postural**

instability: being unsteady or lacking balance when standing upright

Bradykinesia: slowness of movement and limited range of movement

Rigidity: unusual stiffness in one more arms, legs, or in another body part

Not all people have the same movement symptoms.

Severity of pain Some people with Parkinson’s disease have pain. This pain can include aching or burning muscle pain and severe muscle cramping, sharp nerve pain, numbness, or “pins and needles”.

Difficulty thinking clearly, getting organized, or making plans Some people with Parkinson’s say that the disease affects their ability to think clearly, get organized, or make plans. When this happens, people sometimes need to make lists to help them organize their thoughts. If you have difficulty thinking clearly, it may be hard for you to remember things that you used to be able to remember easily. Sometimes planning your usual daily activities is harder than it used to be.

Number of pills you need to take People with Parkinson’s often need to take a lot of pills or tablets each day to treat the disease. People with Parkinson’s may also need to take additional medicines to treat the side effects of their Parkinson’s medicines. Usually, people need to take oral medicines throughout the day. Often, people need to take these medicines on a very specific schedule in order for the treatment to work well.

Risk of getting depression or anxiety after getting the device Depression is a serious medical condition that affects the way you feel,

think, and how you act. People with depression may lose interest or pleasure in doing things they once enjoyed. They may feel sad and hopeless or have feelings of guilt or low self-worth. Depression can affect how you work and study and how you interact with people. It may lead some people to think about suicide.

Anxiety is the feeling of being constantly overwhelmed or afraid. Anxiety can impact your ability to do your usual daily activities.

The risk of depression or anxiety related to the Parkinson's device is in addition to the chance of depression or anxiety you may already face because of Parkinson's disease.

Risk of having bleeding in the brain after getting the device There is a risk that you could have bleeding in the brain after getting a device to treat Parkinson's disease. Bleeding in the brain is a type of stroke and occurs when a blood vessel in the brain bursts. Blood in the brain can kill brain cells and cause permanent damage to the brain. The damage to the brain can cause you to have sudden weakness, loss of coordination, or difficulty speaking.

If you have a stroke caused by bleeding in your brain, you would have to be treated in a hospital, sometimes for many weeks. You cannot do your normal activities while you have brain bleeding.

Some people who get bleeding in the brain recover completely after a few days or weeks. However, severe bleeding in the brain can lead to permanent paralysis.

Risk of dying within 1 year after getting the device There is a risk that you could die within 1 year after getting a device to treat Parkinson's disease. Dying could be a result of the operation used to place the device in your brain or a result of the device itself.

Time until you get the device Some devices that could be used to treat Parkinson's disease are currently being developed and tested and may not be available to patients yet. The process of developing and testing new device treatments can take years. Sometimes patients are willing to wait to get a new device to treat Parkinson's if the benefits of the device are expected to be better than the treatments that are available to them now.

Display This Question:

If hide = 1

FooterText

[To review the descriptions of the device features, please click here.](#)

End of Block: Device Feature Definitions

Start of Block: Introduction

Intro Thank you for your interest in this survey. Please answer the following questions to confirm that you are eligible to participate in this survey.

This survey will ask you about HYPOTHETICAL medical devices, things that have not yet been created nor may ever be created. Some of the topics may be sensitive and some ask you to respond to difficult questions about hypothetical serious medical outcomes. By examining responses to these difficult topics, the study team is trying to determine what may be acceptable risks in a clinical trial. None of the procedures described in the survey are real, nor indicate a specific course of treatment.

This survey is not compatible with mobile phones, please respond to this survey on your personal computer or tablet.

End of Block: Introduction

Start of Block: Screener Questions

S1 Are you 22 years of age or older?

☐ Yes (1)

☐ No (2)

Skip To: End of Block If S1 = 2

S2 Are you a resident of the United States?

☐ Yes (1)

☐ No (2)

Skip To: End of Block If S2 = 2

Display This Question:

If S2 = 1

S3 In which state do you currently live?

- ☐ Alabama (1)
- ☐ Alaska (2)
- ☐ Arizona (3)
- ☐ Arkansas (4)
- ☐ California (5)
- ☐ Colorado (6)
- ☐ Connecticut (7)
- ☐ Delaware (8)
- ☐ District of Columbia (9)
- ☐ Florida (10)
- ☐ Georgia (11)
- ☐ Hawaii (12)
- ☐ Idaho (13)
- ☐ Illinois (14)
- ☐ Indiana (15)
- ☐ Iowa (16)
- ☐ Kansas (17)
- ☐ Kentucky (18)
- ☐ Louisiana (19)
- ☐ Maine (20)
- ☐ Maryland (21)

- ☐ Massachusetts (22)
- ☐ Michigan (23)
- ☐ Minnesota (24)
- ☐ Mississippi (25)
- ☐ Missouri (26)
- ☐ Montana (27)
- ☐ Nebraska (28)
- ☐ Nevada (29)
- ☐ New Hampshire (30)
- ☐ New Jersey (31)
- ☐ New Mexico (32)
- ☐ New York (33)
- ☐ North Carolina (34)
- ☐ North Dakota (35)
- ☐ Ohio (36)
- ☐ Oklahoma (37)
- ☐ Oregon (38)
- ☐ Pennsylvania (39)
- ☐ Puerto Rico (40)
- ☐ Rhode Island (41)
- ☐ South Carolina (42)

- ☐ South Dakota (43)
- ☐ Tennessee (44)
- ☐ Texas (45)
- ☐ Utah (46)
- ☐ Vermont (47)
- ☐ Virginia (48)
- ☐ Washington (49)
- ☐ West Virginia (50)
- ☐ Wisconsin (51)
- ☐ Wyoming (52)

Page Break

S4 Has a doctor ever told you that you yourself have Parkinson's disease?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Skip To: End of Block If S4 = 2

Skip To: End of Block If S4 = 3

End of Block: Screener Questions

Start of Block: Series Assignment Questions

PD Intro Please answer the following questions about your Parkinson's disease:

V1 "Off time" is the time each day when your Parkinson's medicine is not working. Do you have "off time"?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break

V2 Have you had movement symptoms such as tremor, slowness of movement, unsteadiness, or rigidity in the past week because of your Parkinson's disease?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break

V3 Have you had pain in the past week because of your Parkinson's disease?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break

V4 Have you had difficulty thinking clearly, getting organized, or making plans in the past week because of your Parkinson's disease?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break _____



V5 How many pills or tablets do you take each day to treat Parkinson's disease and the side effects of Parkinson's disease medicines?

_____ pills (1)

End of Block: Series Assignment Questions

Start of Block: For Testing Only

Display This Question:

If Q_CHL = preview

Variables

This displays only in preview

Values— **PB1:** \${e://Field/PB1} **DBS:** \${e://Field/DBS} **X:** \${e://Field/X}
Y: \${e://Field/Y} **MS1:** \${e://Field/MS1} **PS1:** \${e://Field/PS1}
CS1: \${e://Field/CS1}

Series Assignment Screener Count: \${e://Field/SeriesAssignmentScreen} (will terminate if >4)

Benefits Assigned— **OnTime:** \${e://Field/OnTime}
Movement: \${e://Field/Movement} **Pain:** \${e://Field/Pain}
Cognition: \${e://Field/Cognition} **Medication:** \${e://Field/Medication}

Risks Assigned— **Depression:** \${e://Field/Depression}
Bleeding: \${e://Field/Bleeding} **Death:** \${e://Field/Death}

Thresholds Shown— **Threshold1:** \${e://Field/Threshold1}
Threshold2: \${e://Field/Threshold2} **Threshold3:** \${e://Field/Threshold3}
Threshold4: \${e://Field/Threshold4} **Threshold5:** \${e://Field/Threshold5}
Threshold6: \${e://Field/Threshold6} **Threshold7:** \${e://Field/Threshold7}
Threshold8: \${e://Field/Threshold8} **Threshold9:** \${e://Field/Threshold9}
Threshold10: \${e://Field/Threshold10} **Threshold11:** \${e://Field/Threshold11}
Threshold12: \${e://Field/Threshold12} **Threshold13:** \${e://Field/Threshold13}
Threshold14: \${e://Field/Threshold14} **Threshold15:** \${e://Field/Threshold15}

Tradeoffs Shown— **Tradeoff1:** \${e://Field/Tradeoff1} **Tradeoff2:** \${e://Field/Tradeoff2}
Tradeoff3: \${e://Field/Tradeoff3} **Tradeoff4:** \${e://Field/Tradeoff4}
Tradeoff5: \${e://Field/Tradeoff5}

End of Block: For Testing Only

Start of Block: You and Your Health

Y&YH Intro

You and Your Health

We would now like to ask you a few more questions about your experience with Parkinson's disease.

Page Break

Q1 When were you first diagnosed with Parkinson's disease?

- ☐ 1950 (1)
- ☐ 1951 (2)
- ☐ 1952 (3)
- ☐ 1953 (4)
- ☐ 1954 (5)
- ☐ 1955 (6)
- ☐ 1956 (7)
- ☐ 1957 (8)
- ☐ 1958 (9)
- ☐ 1959 (10)
- ☐ 1960 (11)
- ☐ 1961 (12)
- ☐ 1962 (13)
- ☐ 1963 (14)
- ☐ 1964 (15)
- ☐ 1965 (16)
- ☐ 1966 (17)
- ☐ 1967 (18)
- ☐ 1968 (19)
- ☐ 1969 (20)
- ☐ 1970 (21)

- ☐ 1971 (22)
- ☐ 1972 (23)
- ☐ 1973 (24)
- ☐ 1974 (25)
- ☐ 1975 (26)
- ☐ 1976 (27)
- ☐ 1977 (28)
- ☐ 1978 (29)
- ☐ 1979 (30)
- ☐ 1980 (31)
- ☐ 1981 (32)
- ☐ 1982 (33)
- ☐ 1983 (34)
- ☐ 1984 (35)
- ☐ 1985 (36)
- ☐ 1986 (37)
- ☐ 1987 (38)
- ☐ 1988 (39)
- ☐ 1989 (40)
- ☐ 1990 (41)
- ☐ 1991 (42)

- ☐ 1992 (43)
- ☐ 1993 (44)
- ☐ 1994 (45)
- ☐ 1995 (46)
- ☐ 1996 (47)
- ☐ 1997 (48)
- ☐ 1998 (49)
- ☐ 1999 (50)
- ☐ 2000 (51)
- ☐ 2001 (52)
- ☐ 2002 (53)
- ☐ 2003 (54)
- ☐ 2004 (55)
- ☐ 2005 (56)
- ☐ 2006 (57)
- ☐ 2007 (58)
- ☐ 2008 (59)
- ☐ 2009 (60)
- ☐ 2010 (61)
- ☐ 2011 (62)
- ☐ 2012 (63)

☐ 2013 (64)

☐ 2014 (65)

☐ 2015 (66)

☐ 2016 (67)

☐ 2017 (68)

Page Break

Q2 Which of the following symptoms of Parkinson's disease do you currently have? (*Check all that apply*)

- ☐ Shaking or tremor in arms or hands when at rest (1)
- ☐ Shaking or tremor in arms or hands when trying to move them (2)
- ☐ Slowness of movement (3)
- ☐ Muscle stiffness or rigidity (4)
- ☐ Changes in the way that I walk (5)
- ☐ Balance problems (6)
- ☐ Changes in my handwriting (7)
- ☐ Changes in my voice or speech (8)
- ☐ Lack of expressiveness in my face (9)

Page Break

Q3 Which of the following symptoms of Parkinson's disease did you have when you were first diagnosed with the disease? (*Check all that apply*)

- ☐ Shaking or tremor in arms or hands when at rest (1)
- ☐ Shaking or tremor in arms or hands when trying to move them (2)
- ☐ Slowness of movement (3)
- ☐ Muscle stiffness or rigidity (4)
- ☐ Changes in the way that I walk (5)
- ☐ Balance problems (6)
- ☐ Changes in my handwriting (7)
- ☐ Changes in my voice or speech (8)
- ☐ Lack of expressiveness in my face (9)

Page Break

Q4 Which one of the following 5 statements best describes your Parkinson's disease when you do not take your medicine or when your medicine is not working? (*Choose one answer only*)

- ☐ I have symptoms on one side of my body with small or no problems with balance or walking (1)
- ☐ I have symptoms on both sides of my body but no problems with balance or walking (2)
- ☐ I have symptoms on both sides of my body and have problems with balance and walking. I need help with some daily activities, but I can still live alone. (3)
- ☐ I have symptoms on both sides of my body and have problems with balance and walking. I need help with daily activities and I cannot live alone. (4)
- ☐ I cannot stand or walk independently; I need help or a wheelchair (5)

Page Break

Q5 Are you currently taking prescription medicines to treat Parkinson's disease?

☐ Yes (1)

☐ No (2)

Page Break

Q6 Have you ever had or used any of the following treatments for Parkinson's disease? (*Check all that apply*)

- ☐ Deep brain stimulation (1)
- ☐ Pallidotomy (2)
- ☐ Thalamotomy (3)
- ☐ Focused ultrasound (4)
- ☐ Gamma knife radiosurgery (5)
- ☐ Other neurosurgery (6)
- ☐ Levodopa-carbidopa intestinal gel pump (7)
- ☐ Levodopa-carbidopa transdermal patch (8)
- ☐ Apokyn (apomorphine) injection (9)
- ☐ ☐ None of the above (10)

Page Break

Q7 Have either of your biological parents or grandparents or any biological siblings (brother(s) or sister(s)) ever had any of the following neurological conditions? *(Check all that apply)*

- ☐ Parkinson's Disease/Parkinsonism (1)
- ☐ Alzheimer's/Dementia (2)
- ☐ ALS/Lou Gehrig's Disease (3)
- ☐ Traumatic Brain Injury (4)
- ☐ ☐ Do not know or not sure (5)
- ☐ ☐ None of the above (6)

End of Block: You and Your Health

Start of Block: Parkinson's Disease Treatment Survey Block

Survey Intro **Parkinson's Disease Treatment Survey**

The purpose of this survey is to ask your opinion about different features of hypothetical medical devices that do not exist today, but that could be used to treat Parkinson's disease someday. In the first part of this survey, we will ask you questions about your experience with Parkinson's disease symptoms and treatment. In the second part, we will ask you to think about some of the risks that might be associated with hypothetical Parkinson's devices. Finally we will ask your opinion about the potential benefits and risks of hypothetical Parkinson's devices that don't exist today, but that could exist in the future.

We want to know about you and your thoughts about possible new Parkinson's devices. There are no right or wrong answers.

Please go to the next screen to continue the survey.

Page Break

Working Descrip **Amount of Time Your Parkinson's Treatment Works Each Day**

Parkinson's symptoms can include movement symptoms (such as tremor, slowness of movement, unsteadiness, and rigidity) and non-movement symptoms (such as sleep problems, low blood pressure when standing up, trouble thinking clearly, and mood problems).

People with Parkinson's disease can experience the following situations during the day:

The Parkinson's treatment is **working** and your Parkinson's symptoms are controlled better. The time each day when the Parkinson's treatment is working to control your symptoms is called "**on time**". The Parkinson's treatment is **not working** and your Parkinson's symptoms get worse. The time each day when the Parkinson's treatment is not working and your symptoms are worse is called "**off time**".

Display This Question:

If V1 = 1



Q8 Suppose there are 16 hours during each 24 day that are normal waking hours. That is, suppose that you sleep 8 hours each 24-hour day. Based on the descriptions you just read, how many hours during your normal waking hours was your Parkinson's treatment **working** on average during the past week? That is, how many hours of "**on time**" per day did you have on average during the past week?

_____ hours (1)

Page Break

Movement Descrip **Movement Symptoms of Parkinson's Disease**

People with Parkinson's disease have different types of movement symptoms. These symptoms can include: **Resting tremor:** a trembling in a body part when that body part is not performing an action **Postural instability:** being unsteady or lacking balance when standing upright **Bradykinesia:** slowness of movement and limited range of movement **Rigidity:** unusual stiffness in one or more arms, legs, or in another body part Not all people have the same movement symptoms.

Display This Question:

If V2 = 1

Q9 Which of the following movement symptoms have you had in the past week? (*Check all that apply*)

- ☐ Resting tremor: a trembling in a body part when it is not performing an action (1)
- ☐ Postural instability: being unsteady or lacking balance when standing upright (2)
- ☐ Bradykinesia: slowness of movement and limited range of movement (3)
- ☐ Rigidity: unusual stiffness in one or more arms, legs, or in another body part (4)
- ☐ ☐ I did not have any of these movement symptoms in the past week (5)

Page Break

Display This Question:
If V2 = 1
And Q9 != 5

Q10 Please tell us how severe your Parkinson’s disease movement symptoms were, on average, during the past week on a scale from 0 to 10 where 0 indicates that you had no movement symptoms and 10 indicates that you consider your movement symptoms to be very severe.

	No Movement Symptoms	Very Severe Movement Symptoms
	0	10
()	<div><div></div></div>	

Page Break


Pain Descrip **Pain Because of Parkinson's Disease**

Some people with Parkinson's disease have pain. This pain can include aching or burning muscle pain and severe muscle cramping, sharp nerve pain, numbness, or "pins and needles".

Display This Question:

If V3 = 1

Q11 Please tell us how severe your pain was, on average, during the past week on a scale from 0 to 10 where 0 indicates that you had no pain and 10 indicates that you would consider your pain to be very severe.

	No Pain	Very Severe Pain
	0	10
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
()		

Page Break


Cognition Descrip **Trouble Thinking Clearly, Getting Organized, or Making Plans Because of Parkinson's Disease**

Some people with Parkinson's say that the disease affects their ability to think clearly, get organized, or make plans. When this happens, people sometimes need to make lists to help them organize their thoughts. If you have difficulty thinking clearly, it may be hard for you to remember things that you used to be able to remember easily. Sometimes planning your usual daily activities is harder than it used to be.

Display This Question:

If V4 = 1

Q12 Please tell us how difficult it was for you to think clearly, get organized, or make plans, on average, during the past week on a scale from 0 to 10 where 0 indicates that you had no difficulty thinking clearly and 10 indicates that you had extreme difficulty thinking clearly.

	No Difficulty	Extreme Difficulty
	0	10
()		

Page Break

Pills Descrip **Number of Oral Medicines You Take Each Day to Treat Parkinson's Disease and the Side Effects of Parkinson's Medicines**

People with Parkinson's often need to take a lot of pills or tablets each day to treat the disease. People with Parkinson's may also need to take additional medicines to treat the side effects of their Parkinson's medicines. Usually, people need to take oral medicines throughout the day. Often, people need to take these medicines on a very specific schedule in order for the treatment to work well.

Display This Question:

If V5 [1] > 0



Q13 How many different oral medicines do you take each day to treat your Parkinson's and the side effects of Parkinson's medicines? (By different medicines, we mean how many different prescription medicines do you take each day, not how many pills or tablets you take.)
_____ medicines (1)

Display This Question:

If V5 [1] > 0



Q14 How many times each day do you take pills or tablets to treat Parkinson's disease and the side effects of Parkinson's disease medicines?
_____ times each day (1)

Page Break

Q15 Side Effects of Oral Parkinson's Disease Medicines

Many people who take oral medicines to treat their Parkinson's disease have side effects because of the medicine.

These side effects can include:

Nausea, daytime sleepiness, low blood pressure, hallucinations (seeing or hearing things that are not there), and dyskinesia (uncontrollable, often jerky movements that a person does not intend to make)

Which of the following side effects of your Parkinson's medicines did you have in the past week? (Check all that apply)


- ☐ Nausea (1)
- ☐ Daytime sleepiness (2)
- ☐ Low blood pressure (3)
- ☐ Hallucinations (4)
- ☐ Dyskinesia (5)
- ☐ Other (6)
- ☐ ☐ I didn't have any side effects of my Parkinson's medicines in the past week (7)

Page Break

Display This Question:

If Q15 != 7

Q16 Please use the scale below to tell us how severe your side effects were, on average, during the past week. On this scale, 0 indicates that you had no side effects and 10 indicates that you had severe side effects.

	No Side Effects	Severe Side Effects
	0	10
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
()		

End of Block: Parkinson's Disease Treatment Survey Block

Start of Block: Devices to Treat & Increased Risk Block

Device Intro **Devices to Treat Parkinson's Disease**

Now we would like you to think about a hypothetical medical device that could be used to treat Parkinson's disease. This device would be implanted in your brain during an operation. This hypothetical device is different than deep brain stimulation.

This device would do one or more of the following things: Increase the "on time" you have each day Reduce the severity of your movement symptoms by half Reduce the severity of your Parkinson's pain by half Decrease the amount of trouble you have thinking clearly, getting organized, or making plans by half, or Decrease the amount of oral medicine you need to take each day (as well as the side effects of your Parkinson's medicines) by half

Display This Question:

If DBS = 1

Device Intro 2 This hypothetical new device would be an additional device that would be used to improve the symptoms that you still have after getting a deep brain stimulation (DBS) device.

Device Intro 3 However, getting this hypothetical new device may also have some risks including: Increasing the risk that you will get depression or anxiety or that your current

depression or anxiety might get worse A risk that you will have bleeding in your brain
because of the device A risk of dying within 1 year after getting the device
We will describe these risks in the following screens.

Please go to the next screen to continue the survey.

Page Break

Sometimes people with Parkinson's can have emotional problems such as depression or anxiety because of their disease. In addition, some devices used to treat Parkinson's disease can affect people's mood and cause depression or anxiety or make a person's current depression or anxiety worse.

Anxiety is the feeling of being constantly overwhelmed or afraid. Anxiety can impact your ability to do your usual daily activities.

Have you had symptoms of depression or anxiety in the past week?

- If $Q17 = 1$

No Depression or Anxiety	Severe Depression or Anxiety
<p>1. <i>My doctor has not recommended that I take any medicine to help me feel better.</i></p> <p>2. <i>My doctor has not recommended that I take any medicine to help me sleep better.</i></p> <p>3. <i>My doctor has not recommended that I take any medicine to help me feel less stressed.</i></p> <p>4. <i>My doctor has not recommended that I take any medicine to help me feel less sad.</i></p> <p>5. <i>My doctor has not recommended that I take any medicine to help me feel less nervous.</i></p>	<p>1. <i>My doctor has recommended that I take medicine to help me feel better.</i></p> <p>2. <i>My doctor has recommended that I take medicine to help me sleep better.</i></p> <p>3. <i>My doctor has recommended that I take medicine to help me feel less stressed.</i></p> <p>4. <i>My doctor has recommended that I take medicine to help me feel less sad.</i></p> <p>5. <i>My doctor has recommended that I take medicine to help me feel less nervous.</i></p>

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Page Break

Risk Intro **Thinking About the Increased Risk of Depression or Anxiety**

We will use pictures to help you think about the increased risk of having depression or anxiety or the risk that your current depression or anxiety will get worse after getting a device to treat Parkinson's disease.

Please look at the picture below.

Each figure in the picture represents 1 person who gets a Parkinson's device. There are 100 people in the picture, and 20 people in each row. The number of people who **will** get depression or anxiety or whose current depression or anxiety will get worse **after** getting the device is shown by the people in color. The people shown in gray show the number of people who **will not** get depression or anxiety **after** getting the device.

In this example, 20 of the people are shown in color. That means that 20 people out of 100 (20%) **will** get depression or anxiety or whose current depression or anxiety will get worse **after** getting the device. 80 of the people are shown in gray. That means that 80 people out of 100 (80%) who get the device **will not** get depression or anxiety or a worsening of depression or anxiety.

Please go to the next screen to continue the survey.

Page Break

Q19 Please look at the picture below:

If each figure in the picture is 1 person who gets a Parkinson's device and the figures in color show the number of people who will get depression or anxiety, how many people who get the device **will** get depression or anxiety or whose current depression or anxiety will get worse **after** getting the device?

- ☐ 4 out of 100 (4%) (1)
- ☐ 16 out of 100 (16%) (2)
- ☐ 84 out of 100 (84%) (3)
- ☐ Don't know or not sure (4)

Display This Question:

If Q19 != 2

Q19 Incorrect

Remember, the yellow figures represent people who **will** get depression or anxiety or whose current depression or anxiety will get worse **after** getting the device.

In the picture above there are 100 figures and 16 of them are yellow, while the rest are gray. This means that 16 people out of 100 (or 16%) who get this device **will** get depression or anxiety or their current depression or anxiety will get worse **after** getting the device. The correct answer is 16 out of 100 (16%).

Please go to the next screen to continue the survey.

Page Break

Display This Question:

If Q19 = 2

Q19 Correct

You are correct. In the picture above there are 100 figures and 16 of them are yellow, while the rest are gray. This means that 16 people out of 100 (or 16%) who get this device **will** get depression or anxiety or their current depression or anxiety will get worse **after** getting the device. The correct answer is 16 out of 100 (16%).

Please go to the next screen to continue the survey.

Page Break

Q20 Risk of Bleeding in Your Brain Because of the Device

There is a risk that you could have bleeding in the brain after getting a device to treat Parkinson's disease. Bleeding in the brain is a type of stroke and occurs when a blood vessel in the brain bursts. Blood in the brain can kill brain cells and cause permanent damage to the brain. The damage to the brain can cause you to have sudden weakness, loss of coordination, or difficulty speaking.

If you have a stroke caused by bleeding in your brain, you would have to be treated in a hospital, sometimes for many weeks. You cannot do your normal activities while you have brain bleeding.

Some people who get bleeding in the brain recover completely after a few days or weeks. However, severe bleeding in the brain can lead to permanent paralysis.

Have you ever had bleeding in the brain?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break

Q21 Risk of Dying Within 1 Year After Getting the Device

There is a risk that you could die within 1 year after getting a device to treat Parkinson's disease. Dying could be a result of the operation used to place the device in your brain or a result of the device itself.

Have you ever known anyone who has died after having an operation?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break

Q48 In the next few questions we will ask you to think about whether you would prefer to remain on your current treatment, or to get a device that would improve one aspect of your Parkinson's disease, but that would also have a risk of a side effect

Please go to the next screen to view these questions.

End of Block: Devices to Treat & Increased Risk Block

Start of Block: Threshold V1 (On time - Depression)

Threshold V1 Intro Earlier you told us that you experienced $\$e://Field/X$ hours of “on time” each day when your current Parkinson's treatment was working to improve your symptoms and $\$e://Field/Y$ hours of “off time” each day when your current treatment was not working.

Suppose you could get a device implanted in your brain today that would **increase the number of hours of on time** you have from $\$e://Field/X$ hours to $\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours each day.

Now suppose that 20 out of 100 people who get the device will develop **depression or anxiety** or their depression or anxiety will get worse after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is an increase in on time and the only risk is the risk of depression or anxiety.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

1 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on
time" each day	\$ {e://Field/X} hours of "on time"
\$ {e://Field/Y} hours of "off time"	\$e{ 16 - (0.5 *
e://Field/Y) } hours of "on time"	
\$e{ 0.5 * e://Field/Y } hours of "off time"	
Severity of movement symptoms	\$ {e://Field/MS1}
(on a scale from 0 to 10)	\$ {e://Field/MS1}
(on a scale from 0 to 10)	
Severity of pain	\$ {e://Field/PS1}
(on a scale from 0 to 10)	\$ {e://Field/PS1}
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
\$ {e://Field/CS1}	\$ {e://Field/CS1}
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	\$ {e://Field/PB1} pills each day
\$ {e://Field/PB1} pills each day	
Risk of getting depression or anxiety after getting the device	None
20 out of 100 (20%)	Risk
of having bleeding in the brain after getting the device	None
None	Risk of dying within 1 year after
getting the device	None
None	
Which option would you choose?	

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 1 = 1

1a In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	\$ {e://Field/X} hours of "on time"

$\{e://Field/Y\}$ hours of "off time" $\{e{ 16 - (0.5 * e://Field/Y) }\}$ hours of "on time"

$\{e{ 0.5 * e://Field/Y }\}$ hours of "off time"

Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None

10 out of 100 (10%) **Risk**

of having bleeding in the brain after getting the device None

None **Risk of dying within 1 year after**
getting the device None
 None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 1a = 1

1a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to increase the number of hours of on time you have from $\{e://Field/X\}$ hours to $\{e{ 16 - (0.5 * e://Field/Y) }\}$ hours each day?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Display This Question:

If 1a = 2

And Risk1 != Death

1a.2 In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
	$\{e://Field/Y\}$ hours of "off time"	$\{e\ 16 - (0.5 *$
$e://Field/Y) \}$ hours of "on time"	$\{e\ 0.5 * e://Field/Y \}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	$\{e://Field/PS1\}$
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
15 out 100 (15%)		Risk
of having bleeding in the brain after getting the device	None	None
None		Risk of dying within 1 year after
getting the device	None	None
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 1 = 2

1b In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%? Please look at the table below

and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e\ 16 - (0.5 *$
$e://Field/Y) \}$ hours of "on time"		
	$\{e\ 0.5 * e://Field/Y \}$ hours of "off time"	
Severity of movement symptoms		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
40 out of 100 (40%)		Risk
of having bleeding in the brain after getting the device		None
None		Risk of dying within 1 year after
getting the device	None	None
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 1b = 1

1b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%? Please look at the table below and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e\ 16 - (0.5 *$
$e://Field/Y) \}$ hours of "on time"		

$\$e\{ 0.5 * e://Field/Y \}$ hours of "off time"

Severity of movement symptoms **$\$e://Field/MS1\}$**
 (on a scale from 0 to 10) **$\$e://Field/MS1\}$**
 (on a scale from 0 to 10)

Severity of pain **$\$e://Field/PS1\}$**
 (on a scale from 0 to 10) **$\$e://Field/PS1\}$**
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\$e://Field/CS1\}$ **$\$e://Field/CS1\}$**
 (on a scale from 0 to 10)
 (on a scale from 0 to 10)

Number of pills you need to take **$\$e://Field/PB1\}$** pills each day
 $\$e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None

30 out of 100 (30%) **Risk**

of having bleeding in the brain after getting the device None

None **Risk of dying within 1 year after**

getting the device None

None

Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 1b = 2



1b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to increase the number of hours of on time you have from **$\$e://Field/X\}$** hours to **$\$e\{ 16 - (0.5 * e://Field/Y) \}$** hours each day?

_____ % (1)

End of Block: Threshold V1 (On time - Depression)

Start of Block: Threshold V2 (On time - Bleeding)

Threshold V2 Intro Earlier you told us that you experienced **$\$e://Field/X\}$ hours of "on time"** each day when your current Parkinson's treatment was working to improve your symptoms and **$\$e://Field/Y\}$ hours of "off time"** each day when your current treatment was not working.

Suppose you could get a device implanted in your brain today that would **increase the number of hours of on time** you have from $\$e://Field/X\}$ hours to $\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours each day.

Now suppose that 4 out of 100 people who get the device will have **bleeding in the brain** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is an increase in on time and the only side effect is the risk of getting bleeding in the brain.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

2 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on
time" each day	\$e{ //Field/X } hours of "on time"
\$e{ //Field/Y } hours of "off time"	\$e{ 16 - (0.5 *
e: //Field/Y) } hours of "on time"	
\$e{ 0.5 * e: //Field/Y } hours of "off time"	
Severity of movement symptoms	\$e{ //Field/MS1 }
(on a scale from 0 to 10)	\$e{ //Field/MS1 }
(on a scale from 0 to 10)	
Severity of pain	\$e{ //Field/PS1 }
(on a scale from 0 to 10)	\$e{ //Field/PS1 }
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
\$e{ //Field/CS1 }	\$e{ //Field/CS1 }
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	\$e{ //Field/PB1 } pills each day
\$e{ //Field/PB1 } pills each day	
Risk of getting depression or anxiety after getting the device	None
None	Risk of having bleeding in
the brain after getting the device	None
4 out of 100 (4%)	
of dying within 1 year after getting the device	None
	Risk
	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 2 = 1

2a In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	\$e{ //Field/X } hours of "on time"

$\{e://Field/Y\}$ hours of "off time" $\{e\ 16 - (0.5 * \}$
 $e://Field/Y\}$ hours of "on time" $\{e\ 0.5 * e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$ $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None
 2 out of 100 (2%) **Risk**
of dying within 1 year after getting the device None None

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 2a = 1

2a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to increase the number of hours of on time you have from $\{e://Field/X\}$ hours to $\{e\ 16 - (0.5 * e://Field/Y\}$ hours each day?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

2a.2 In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%? Please look at the table below and select the option you would prefer.

Your current treatment		Hours of "on time" each day
A new device	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours of "on time"
		$\$e\{ 0.5 * e://Field/Y \}$ hours of "off time"
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device	None	
None	Risk of having bleeding in	
the brain after getting the device	None	
3 out of 100 (3%)		
of dying within 1 year after getting the device	None	Risk
	None	None

Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $2 = 2$

2b In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%? Please look at the table below and

select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e\ 16 - (0.5 *$
$e://Field/Y) \}$ hours of "on time"		
	$\{e\ 0.5 * e://Field/Y \}$ hours of "off time"	
Severity of movement symptoms		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
8 out of 100 (8%)		Risk
of dying within 1 year after getting the device	None	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 2b = 1

2b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%? Please look at the table below and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e\ 16 - (0.5 *$
$e://Field/Y) \}$ hours of "on time"		

$\$e\{ 0.5 * e://Field/Y \}$ hours of "off time"

Severity of movement symptoms **$\$e://Field/MS1\}$**
 (on a scale from 0 to 10) **$\$e://Field/MS1\}$**
 (on a scale from 0 to 10)

Severity of pain **$\$e://Field/PS1\}$**
 (on a scale from 0 to 10) **$\$e://Field/PS1\}$**
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\$e://Field/CS1\}$
 (on a scale from 0 to 10) **$\$e://Field/CS1\}$**
 (on a scale from 0 to 10)

Number of pills you need to take **$\$e://Field/PB1\}$ pills each day**
 $\$e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**

the brain after getting the device None

6 out of 100 (6%) **Risk**

of dying within 1 year after getting the device None **None**

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $2b = 2$



2b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to increase the number of hours of on time you have from **$\$e://Field/X\}$ hours to **$\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours each day?****

_____ % (1)

End of Block: Threshold V2 (On time - Bleeding)

Start of Block: Threshold V3 (On time - Death)

Threshold V3 Intro Earlier you told us that you experienced **$\$e://Field/X\}$ hours of "on time"** each day when your current Parkinson's treatment was working to improve your symptoms and **$\$e://Field/Y\}$ hours of "off time"** each day when your current treatment was not working.

Suppose you could get a device implanted in your brain today that would **increase the number of hours of on time** you have from $\$e://Field/X$ hours to $\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours each day.

Now suppose that 2 out of 100 people who get the device will **die within 1 Year** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is an increase in on time and the only side effect is the risk of dying within 1 year after getting the device.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

3 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

<p>A new device</p> <p>time" each day</p> <p>$\\$ \{ e : // \text{Field} / X \}$ hours of "on time"</p> <p>$\\$ \{ e : // \text{Field} / Y \}$ hours of "off time"</p> <p>$e : // \text{Field} / Y \}$ hours of "on time"</p> <p>$\\$ \{ 0.5 * e : // \text{Field} / Y \}$ hours of "off time"</p> <p>Severity of movement symptoms</p> <p>(on a scale from 0 to 10)</p> <p>(on a scale from 0 to 10)</p> <p>Severity of pain</p> <p>(on a scale from 0 to 10)</p> <p>(on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans</p> <p>$\\$ \{ e : // \text{Field} / \text{CS} 1 \}$</p> <p>(on a scale from 0 to 10)</p> <p>(on a scale from 0 to 10)</p> <p>Number of pills you need to take</p> <p>$\\$ \{ e : // \text{Field} / \text{PB} 1 \}$ pills each day</p> <p>$\\$ \{ e : // \text{Field} / \text{PB} 1 \}$ pills each day</p> <p>Risk of getting depression or anxiety after getting the device</p> <p>None</p> <p>Risk of getting the device</p> <p>None</p> <p>Risk of dying within 1 year after getting the device</p> <p>None</p> <p>2 out of 100 (2%)</p> <p>Which option would you choose?</p> <p><input type="radio"/> Your current treatment (1)</p> <p><input type="radio"/> A new device (2)</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>$\\$ \{ 16 - (0.5 * e : // \text{Field} / Y \}$ hours of "on time"</p> <p>$\\$ \{ e : // \text{Field} / \text{MS} 1 \}$</p> <p>$\\$ \{ e : // \text{Field} / \text{MS} 1 \}$</p> <p>$\\$ \{ e : // \text{Field} / \text{PS} 1 \}$</p> <p>$\\$ \{ e : // \text{Field} / \text{PS} 1 \}$</p> <p>$\\$ \{ e : // \text{Field} / \text{CS} 1 \}$</p> <p>$\\$ \{ e : // \text{Field} / \text{CS} 1 \}$</p> <p>$\\$ \{ e : // \text{Field} / \text{PB} 1 \}$ pills each day</p> <p>None</p> <p>Risk of having bleeding in</p> <p>None</p>
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Display This Question:

If 3 = 1

3a In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%? Please look at the table below and select the option you would prefer.

<p>A new device</p> <p>time" each day</p> <p>$\\$ \{ e : // \text{Field} / X \}$ hours of "on time"</p>	<p>Your current treatment</p> <p>Hours of "on</p>
---	--

$\{e://Field/Y\}$ hours of "off time" $\{e\ 16 - (0.5 * \}$
 $e://Field/Y\}$ hours of "on time" $\{e\ 0.5 * e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None None
Risk of dying within 1 year after getting the device
 None
 1 out of 100 (1%)

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 3a = 1

3a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to increase the number of hours of on time you have from $\{e://Field/X\}$ hours to $\{e\ 16 - (0.5 * e://Field/Y\}$ hours each day?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

Display This Question:

If 3 = 2

3b In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 4%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
$\{e://Field/Y\}$ hours of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e\{ 16 - (0.5 *$
$\{e\{ 0.5 * e://Field/Y \}$ hours of "off time"		
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device	None	None
None		
Risk of having bleeding in		
the brain after getting the device	None	None
Risk of dying within 1 year after getting the device		
None		
4 out of 100 (4%)		

Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 3b = 1

3b.1 In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 3%? Please look at the table below and select the option you would prefer.

<p>A new device</p> <p>time" each day</p> <p>$\{e://Field/Y\}$ hours of "on time"</p> <p>$\{e://Field/Y\}$ hours of "off time"</p> <p>$\{e://Field/Y\}$ hours of "on time"</p> <p>$\{e://Field/Y\}$ hours of "off time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans $\{e://Field/CS1\}$ (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Number of pills you need to take $\{e://Field/PB1\}$ pills each day</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>the brain after getting the device None</p> <p>Risk of dying within 1 year after getting the device None</p> <p>3 out of 100 (3%)</p> <p>Which option would you choose?</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>$\{e://Field/X\}$ hours of "on time"</p> <p>$\{e://Field/X\}$ hours of "off time"</p> <p>$\{e://Field/X\}$ hours of "on time"</p> <p>$\{e://Field/X\}$ hours of "off time"</p> <p>$\{e://Field/MS1\}$ $\{e://Field/MS1\}$</p> <p>$\{e://Field/PS1\}$ $\{e://Field/PS1\}$</p> <p>$\{e://Field/CS1\}$ $\{e://Field/CS1\}$</p> <p>$\{e://Field/PB1\}$ pills each day</p> <p>None</p> <p>Risk of having bleeding in None</p>
--	--

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $3b = 2$



3b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to increase the number of hours of on time you have from $\{e://Field/X\}$ hours to $\{e://Field/X\}$ hours each day?

_____ % (1)

End of Block: Threshold V3 (On time - Death)

Start of Block: Threshold V4 (Movement - Depression)

Threshold V4 Intro Earlier you told us that the severity of your Parkinson's movement symptoms was $\{e://Field/MS1\}$ on a scale from 0 to 10 where 0 indicates that you had no movement symptoms and 10 indicates that your movement symptoms were very severe.

Suppose you could get a device implanted in your brain today that would **reduce the severity of your movement symptoms** by half from $\{e://Field/MS1\}$ to $\{e://Field/MS1 / 2 \}$.

Now suppose that 20 out of 100 people who get the device will develop **depression or anxiety** or their depression or anxiety will get worse after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the severity of your movement symptoms and the only side effect is the risk of depression or anxiety.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

4 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	\$e{ e://Field/MS1 }
(on a scale from 0 to 10)	\$e{ e://Field/MS1 / 2 }
(on a scale from 0 to 10)	
Severity of pain	\$e{ e://Field/PS1 }
(on a scale from 0 to 10)	\$e{ e://Field/PS1 }
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
\$e{ e://Field/CS1 }	\$e{ e://Field/CS1 }
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	\$e{ e://Field/PB1 } pills each day
\$e{ e://Field/PB1 } pills each day	
Risk of getting depression or anxiety after getting the device	None
	Risk
20 out of 100 (20%)	None
of having bleeding in the brain after getting the device	Risk of dying within 1 year after
None	None
getting the device	None
Which option would you choose?	

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 4 = 1

4a In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours

$\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1 / 2 \}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None

10 out of 100 (10%) **Risk**
of having bleeding in the brain after getting the device None

None **Risk of dying within 1 year after**
getting the device None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 4a = 1

4a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e://Field/MS1 / 2 \}$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Display This Question:

If 4a = 2

And Risk1 != Death

4a.2 In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1 / 2\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
15 out 100 (15%)		Risk
of having bleeding in the brain after getting the device		None
None		Risk of dying within 1 year after
getting the device	None	None
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 4 = 2

4b In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%? Please look at the table below

and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"		
	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1 / 2\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
40 out of 100 (40%)		Risk
of having bleeding in the brain after getting the device		None
None	Risk of dying within 1 year after	
getting the device	None	
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 4b = 1

4b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%? Please look at the table below and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"		

$\{e://Field/Y\}$ hours of "off time"

Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e{ e://Field/MS1 / 2 }\}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None

30 out of 100 (30%) **Risk**

of having bleeding in the brain after getting the device None

None **Risk of dying within 1 year after**
getting the device None
 None

Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If $4b = 2$



4b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e{ e://Field/MS1 / 2 }\}$?
 _____ % (1)

End of Block: Threshold V4 (Movement - Depression)

Start of Block: Threshold V5 (Movement - Bleeding)

Threshold V5 Intro Earlier you told us that the severity of your Parkinson's movement symptoms was $\{e://Field/MS1\}$ on a scale from 0 to 10 where 0 indicates that you had no movement symptoms and 10 indicates that your movement symptoms were very severe.

Suppose you could get a device implanted in your brain today that would **reduce the severity of your movement symptoms** by half from $\$e_{e://Field/MS1}$ to $\$e_{e://Field/MS1 / 2}$.

Now suppose that 4 out of 100 people who get the device will have **bleeding in the brain** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the severity of your movement symptoms and the only side effect is the risk of getting bleeding in the brain.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

5 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

A new device		Your current treatment	
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours	
of "on time"	$\{e://Field/Y\}$ hours of "off time"		
Severity of movement symptoms	$\{e://Field/MS1\}$		
(on a scale from 0 to 10)	$\{e://Field/MS1 / 2 \}$		
(on a scale from 0 to 10)			
Severity of pain	$\{e://Field/PS1\}$		
(on a scale from 0 to 10)	$\{e://Field/PS1\}$		
(on a scale from 0 to 10)			
Difficulty thinking clearly, getting organized, or making plans			
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$		
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day		
$\{e://Field/PB1\}$ pills each day			
Risk of getting depression or anxiety after getting the device		None	
None		Risk of having bleeding in	
the brain after getting the device	None		
4 out of 100 (4%)			
Risk			
of dying within 1 year after getting the device	None	None	

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 5 = 1

5a In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment	
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on	

	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1 / 2 \}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
2 out of 100 (2%)		Risk
of dying within 1 year after getting the device	None	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 5a = 1

5a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e://Field/MS1 / 2 \}$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

5a.2 In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
Severity of movement symptoms	$\{e://Field/Y\}$ hours of "off time"	
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e \{ e://Field/MS1 / 2 \}$
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
3 out 100 (3%)		Risk
of dying within 1 year after getting the device		None
		None

Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $5 = 2$

5b In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%? Please look at the table below and

select the option you would prefer.

	A new device	Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1 / 2 \}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
8 out of 100 (8%)		Risk
of dying within 1 year after getting the device	None	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 5b = 1

5b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%? Please look at the table below and select the option you would prefer.

	A new device	Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours

$\{e://Field/Y\}$ hours of "off time"

Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1 / 2\}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None
 None

Risk of having bleeding in the brain after getting the device None

Risk of dying within 1 year after getting the device None

Risk None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $5b = 2$



5b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e://Field/MS1 / 2\}$?

_____ % (1)

End of Block: Threshold V5 (Movement - Bleeding)

Start of Block: Threshold V6 (Movement - Death)

Threshold V6 Intro Earlier you told us that the severity of your Parkinson's movement symptoms was $\{e://Field/MS1\}$ on a scale from 0 to 10 where 0 indicates that you had no movement symptoms and 10 indicates that your movement symptoms were very severe.

Suppose you could get a device implanted in your brain today that would **reduce the severity of your movement symptoms** by half from $\$e_{\text{Field/MS1}}$ to $\$e_{\text{Field/MS1}} / 2$.

Now suppose that 2 out of 100 people who get the device will **die within 1 year** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the severity of your movement symptoms and the only side effect is the risk of dying within 1 year after getting the device.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

6 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

<p>A new device</p> <p>time" each day $\{e://Field/X\}$ hours of "on time"</p> <p>of "on time" $\{e://Field/Y\}$ hours of "off time"</p> <p>Severity of movement symptoms $\{e://Field/MS1\}$</p> <p>(on a scale from 0 to 10) $\{e://Field/MS1 / 2 \}$</p> <p>(on a scale from 0 to 10)</p> <p>Severity of pain $\{e://Field/PS1\}$</p> <p>(on a scale from 0 to 10) $\{e://Field/PS1\}$</p> <p>(on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans</p> <p>$\{e://Field/CS1\}$</p> <p>(on a scale from 0 to 10) $\{e://Field/CS1\}$</p> <p>(on a scale from 0 to 10)</p> <p>Number of pills you need to take $\{e://Field/PB1\}$ pills each day</p> <p>$\{e://Field/PB1\}$ pills each day</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>None Risk of having bleeding in</p> <p>the brain after getting the device None None</p> <p>Risk of dying within 1 year after getting the device</p> <p>None</p> <p>2 out of 100 (2%)</p> <p>Which option would you choose?</p> <p><input type="radio"/> Your current treatment (1)</p> <p><input type="radio"/> A new device (2)</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>$\{e://Field/X\}$ hours</p>
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Display This Question:

If 6 = 1

6a In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%? Please look at the table below and select the option you would prefer.

<p>A new device</p> <p>time" each day $\{e://Field/X\}$ hours of "on time"</p>	<p>Your current treatment</p> <p>Hours of "on</p>
---	--

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1 / 2 \}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None None
Risk of dying within 1 year after getting the device
 None
 1 out of 100 (1%)

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 6a = 1

6a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e://Field/MS1 / 2 \}$?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

<p>A new device</p> <p>time" each day</p> <p>of "on time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans</p> <p>Number of pills you need to take</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>the brain after getting the device</p> <p>None</p> <p>3 out of 100 (3%)</p> <p>Which option would you choose?</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>hours of "off time"</p> <p>hours of "off time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans</p> <p>Number of pills you need to take</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>Risk of having bleeding in None</p> <p>Risk of dying within 1 year after getting the device None</p>	<p>hours of "on time"</p> <p>hours</p> <p>hours of "off time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans</p> <p>Number of pills you need to take</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>Risk of having bleeding in None</p> <p>Risk of dying within 1 year after getting the device None</p>
--	---	--

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $6b = 2$



6b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e\{ e://Field/MS1 / 2 \}\}$ _____ % (1)

End of Block: Threshold V6 (Movement - Death)

Start of Block: Threshold V7 (Pain - Depression)

Threshold V7 Intro Earlier you told us that the severity of your Parkinson's pain was $\$e://Field/PS1\}$ on a scale from 0 to 10 where 0 indicates that you had no pain and 10 indicates that you had very severe pain.

Suppose you could get a device implanted in your brain today that would reduce the severity of your Parkinson's pain by half from $\$e://Field/PS1\}$ to $\$e\{ e://Field/PS1 / 2 \}$.

Now suppose that 20 out of 100 people who get the device will develop depression or anxiety or their depression or anxiety will get worse after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the severity of your Parkinson's pain and the only side effect is the risk of depression or anxiety.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

Page Break

7 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1 / 2 \}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
20 out of 100 (20%)		Risk
of having bleeding in the brain after getting the device		None
None		Risk of dying within 1 year after
getting the device	None	None
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 7 = 1

7a In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1 / 2\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 10 out of 100 (10%) **Risk**
of having bleeding in the brain after getting the device None
 None **Risk of dying within 1 year after**
getting the device None
 None
 Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 7a = 1

7a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to reduce the severity of your Parkinson's pain from $\{e://Field/PS1\}$ to $\{e://Field/PS1 / 2\}$?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

Display This Question:

If 7a = 2

And Risk1 != Death

7a.2 In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	$\{e://Field/PS1 / 2 \}$
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans	$\{e://Field/CS1\}$	$\{e://Field/CS1\}$
	(on a scale from 0 to 10)	
	(on a scale from 0 to 10)	
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
	$\{e://Field/PB1\}$ pills each day	
Risk of getting depression or anxiety after getting the device		None
	15 out 100 (15%)	Risk
of having bleeding in the brain after getting the device		None
None		Risk of dying within 1 year after
getting the device	None	None
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 7 = 2

7b In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%? Please look at the table below

and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	pills each day
pills each day	
Risk of getting depression or anxiety after getting the device	None
40 out of 100 (40%)	Risk
of having bleeding in the brain after getting the device	None
None	Risk of dying within 1 year after
getting the device	None
Which option would you choose?	

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 7b = 1

7b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours

Severity of movement symptoms $\{e://Field/Y\}$ hours of "off time"
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1 / 2 \}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None
 30 out of 100 (30%) **Risk**

of having bleeding in the brain after getting the device None
 None **Risk of dying within 1 year after**
 getting the device None
 None
 Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:
 If 7b = 2



7b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to reduce the severity of your Parkinson's pain from $\{e://Field/PS1\}$ to $\{e://Field/PS1 / 2 \}$?
 _____ % (1)

End of Block: Threshold V7 (Pain - Depression)

Start of Block: Threshold V8 (Pain - Bleeding)

Threshold V8 Intro Earlier you told us that the severity of your Parkinson's pain was $\{e://Field/PS1\}$ on a scale from 0 to 10 where 0 indicates that you had no pain and 10 indicates that you had very severe pain.

Suppose you could get a device implanted in your brain today that would **reduce the severity of your Parkinson's pain** by half from $\$e_{\text{Field/PS1}}$ to $\$e_{\text{Field/PS1} / 2}$.

Now suppose that 4 out of 100 people who get the device will have **bleeding in the brain** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the severity of your Parkinson's pain and the only side effect is the risk of getting bleeding in the brain.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

8 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

A new device		Your current treatment	
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours	
of "on time"	$\{e://Field/Y\}$ hours of "off time"		
Severity of movement symptoms	$\{e://Field/MS1\}$		
(on a scale from 0 to 10)	$\{e://Field/MS1\}$		
(on a scale from 0 to 10)			
Severity of pain	$\{e://Field/PS1\}$		
(on a scale from 0 to 10)		$\{e://Field/PS1 / 2 \}$	
(on a scale from 0 to 10)			
Difficulty thinking clearly, getting organized, or making plans			
$\{e://Field/CS1\}$		$\{e://Field/CS1\}$	
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day		
$\{e://Field/PB1\}$ pills each day			
Risk of getting depression or anxiety after getting the device		None	
None		Risk of having bleeding in	
the brain after getting the device	None		
4 out of 100 (4%)			
of dying within 1 year after getting the device		None	Risk
			None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 8 = 1

8a In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment	
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on	

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1 / 2\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None
 2 out of 100 (2%) **Risk**
of dying within 1 year after getting the device None None

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 8a = 1

8a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to reduce the severity of your Parkinson's pain from $\{e://Field/PS1\}$ to $\{e://Field/PS1 / 2\}$?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

Display This Question:

If $8a = 2$

And Risk1 != Death

8a.2 In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on time"
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
Severity of movement symptoms	$\{e://Field/Y\}$ hours of "off time"	
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1 / 2\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
3 out 100 (3%)		Risk
of dying within 1 year after getting the device		None
		None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $8 = 2$

8b In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%? Please look at the table below and

select the option you would prefer.

	A new device	Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
Severity of movement symptoms	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	$\{e://Field/PS1 / 2 \}$
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
8 out of 100 (8%)		Risk
of dying within 1 year after getting the device		None
		None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 8b = 1

8b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%? Please look at the table below and select the option you would prefer.

	A new device	Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours

$\{e://Field/Y\}$ hours of "off time"

Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1 / 2 \}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None
 None

Risk of having bleeding in the brain after getting the device None

Risk of dying within 1 year after getting the device None **Risk** None
 6 out of 100 (6%)

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $8b = 2$



8b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to reduce the severity of your Parkinson's pain from $\{e://Field/PS1\}$ to $\{e://Field/PS1 / 2 \}$?

_____ % (1)

End of Block: Threshold V8 (Pain - Bleeding)

Start of Block: Threshold V9 (Pain - Death)

Threshold 9 Intro Earlier you told us that the severity of your Parkinson's pain was $\{e://Field/PS1\}$ on a scale from 0 to 10 where 0 indicates that you had no pain and 10 indicates that you had very severe pain.

Suppose you could get a device implanted in your brain today that would **reduce the severity of your Parkinson's pain** by half from $\$e_{\text{Field/PS1}}$ to $\$e_{\text{Field/PS1} / 2}$.

Now suppose that 2 out of 100 people who get the device will **die within 1 year** after getting a device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the severity of your Parkinson's pain and the only side effect is the risk of dying within 1 year after getting the device.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

9 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1 / 2 \}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device	None	None
None		
Risk of having bleeding in		
the brain after getting the device	None	None
Risk of dying within 1 year after getting the device		
None		
2 out of 100 (2%)		
Which option would you choose?		
<input type="radio"/> Your current treatment (1)		
<input type="radio"/> A new device (2)		

Display This Question:

If 9 = 1

9a In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1 / 2\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None None
Risk of dying within 1 year after getting the device
 None
 1 out of 100 (1%)

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 9a = 1

9a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to reduce the severity of your Parkinson's pain from $\{e://Field/PS1\}$ to $\{e://Field/PS1 / 2\}$?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

Display This Question:

If 9 = 2

9b In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year of getting the device was 4%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment	
time" each day		Hours of "on	
		time"	
		of "on time"	
		of "off time"	
		of "off time"	
Severity of movement symptoms			
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Severity of pain			
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Difficulty thinking clearly, getting organized, or making plans			
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Number of pills you need to take			
Risk of getting depression or anxiety after getting the device		None	
None		Risk of having bleeding in	
the brain after getting the device		None	
		None	
		Risk of dying within 1 year after getting the device	
None			
4 out 100 (4%)			
Which option would you choose?			

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 9b = 1

9b.1 In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 3%? Please look at the table below and select the option you would prefer.

<p>A new device</p> <p>time" each day</p> <p>of "on time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Number of pills you need to take</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>the brain after getting the device None</p> <p>None</p> <p>3 out of 100 (3%)</p> <p>Which option would you choose?</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>hours of "on time"</p> <p>hours of "off time"</p> <p>hours of "off time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Number of pills you need to take</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>Risk of having bleeding in None</p> <p>Risk of dying within 1 year after getting the device None</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>hours of "on time"</p> <p>hours of "off time"</p> <p>hours of "off time"</p> <p>Severity of movement symptoms (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Severity of pain (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans (on a scale from 0 to 10) (on a scale from 0 to 10)</p> <p>Number of pills you need to take</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p>Risk of having bleeding in None</p> <p>Risk of dying within 1 year after getting the device None</p>
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- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $9b = 2$



9b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to reduce the severity of your Parkinson's pain from $\{e://Field/PS1\}$ to $\{e{ e://Field/PS1 / 2 }\}$?

_____ % (1)

End of Block: Threshold V9 (Pain - Death)

Start of Block: Threshold V10 (Cognition - Depression)

Threshold 10 Intro Earlier you told us that the difficulty you had thinking clearly, getting organized, or making plans was $\$ \{e://Field/CS1\}$ on a scale from 0 to 10 where 0 indicates that you had no difficulty and 10 indicates that you had extreme difficulty.

Suppose you could get a device implanted in your brain today that would **decrease the amount of trouble you have thinking clearly, getting organized, or making plans** by half from $\$ \{e://Field/CS1\}$ to $\$ e \{ e://Field/CS1 / 2 \}$.

Now suppose that 20 out of 100 people who get the device will develop **depression or anxiety** or their depression or anxiety will get worse after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the amount of trouble you have thinking clearly, getting organized, or making plans and the only side effect is the risk of depression or anxiety.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

10 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	pills each day
pills each day	
Risk of getting depression or anxiety after getting the device	None
20 out of 100 (20%)	Risk
of having bleeding in the brain after getting the device	None
None	Risk of dying within 1 year after
getting the device	None
Which option would you choose?	

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 10 = 1

10a In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"

of "on time" **$\{e://Field/Y\}$ hours of "off time"** **$\{e://Field/X\}$ hours**

Severity of movement symptoms **$\{e://Field/MS1\}$**
(on a scale from 0 to 10) **$\{e://Field/MS1\}$**
(on a scale from 0 to 10)

Severity of pain **$\{e://Field/PS1\}$**
(on a scale from 0 to 10) **$\{e://Field/PS1\}$**
(on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
(on a scale from 0 to 10) **$\{e://Field/CS1 / 2\}$**
(on a scale from 0 to 10)

Number of pills you need to take **$\{e://Field/PB1\}$ pills each day**
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device **None**

10 out of 100 (10%) **Risk**
of having bleeding in the brain after getting the device **None**
None **Risk of dying within 1 year after**

getting the device **None** **None**

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 10a = 1

10a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from **$\{e://Field/CS1\}$** to **$\{e://Field/CS1 / 2\}$** ?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Display This Question:

If 10a = 2

And Risk1 != Death

10a.2 In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	$\{e://Field/PS1\}$
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1 / 2 \}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
15 out 100 (15%)		Risk
of having bleeding in the brain after getting the device		None
None		Risk of dying within 1 year after
getting the device	None	None
Which option would you choose?		

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 10 = 2

10b In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%? Please look at the table below

and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"		
	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1 / 2 \}$	
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
40 out of 100 (40%)		Risk
of having bleeding in the brain after getting the device		None
None	Risk of dying within 1 year after	
getting the device	None	
Which option would you choose?		

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 10b = 1

10b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%? Please look at the table below and select the option you would prefer.

		Your current treatment
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"		

$\{e://Field/Y\}$ hours of "off time"

Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1 / 2\}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None

30 out of 100 (30%) **Risk**

of having bleeding in the brain after getting the device None

None **Risk of dying within 1 year after**
 getting the device None
 None

Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If $10b = 2$



10b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from $\{e://Field/CS1\}$ to $\{e://Field/CS1 / 2\}$?
 _____ % (1)

End of Block: Threshold V10 (Cognition - Depression)

Start of Block: Threshold V11 (Cognition - Bleeding)

Threshold V11 Intro Earlier you told us that the difficulty you had thinking clearly, getting organized, or making plans was $\{e://Field/CS1\}$ on a scale from 0 to 10 where 0 indicates that you had no difficulty and 10 indicates that you had extreme difficulty.

Suppose you could get a device implanted in your brain today that would **decrease the amount of trouble you have thinking clearly, getting organized, or making plans** by half from $\$e://Field/CS1$ to $\$e{ e://Field/CS1 / 2 }$.

Now suppose that 4 out of 100 people who get the device will have **bleeding in the brain** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the amount of trouble you have thinking clearly, getting organized, or making plans and the only side effect is the risk of getting bleeding in the brain.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
Severity of movement symptoms	$\{e://Field/Y\}$ hours of "off time"	
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1 / 2\}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
4 out of 100 (4%)		Risk
of dying within 1 year after getting the device		None
		None

☐ Your current treatment (1)

☐ A new device (2)

If $11 = 1$

	Your current treatment
A new device	Hours of "on time"
"on time" each day	\$ {e://Field/X} hours of "on time"

	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1 / 2 \}$	
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
2 out of 100 (2%)		Risk
of dying within 1 year after getting the device	None	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 11a = 1

11a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from $\{e://Field/CS1\}$ to $\{e://Field/CS1 / 2 \}$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Display This Question:

If $11a = 2$

And Risk1 != Death

11a.2 In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 3%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
Severity of movement symptoms	$\{e://Field/Y\}$ hours of "off time"	
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1 / 2\}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
3 out 100 (3%)		Risk
of dying within 1 year after getting the device		None
		None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $11 = 2$

11b In the last question, you said that you preferred to get the new device. What if the risk of having bleeding in the brain after getting the device was 8%? Please look at the table below and

select the option you would prefer.

	A new device	Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
Severity of movement symptoms	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/MS1\}$
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1 / 2 \}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
8 out of 100 (8%)		Risk
of dying within 1 year after getting the device		None
		None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 11b = 1

11b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%? Please look at the table below and select the option you would prefer.

	A new device	Your current treatment
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours

$\{e://Field/Y\}$ hours of "off time"

Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)

Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)

Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\$e\{ e://Field/CS1 / 2 \}$
 (on a scale from 0 to 10)

Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day

Risk of getting depression or anxiety after getting the device None
 None

Risk of having bleeding in the brain after getting the device None

Risk of dying within 1 year after getting the device None **Risk** None
 6 out of 100 (6%)

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 11b = 2



11b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from $\{e://Field/CS1\}$ to $\$e\{ e://Field/CS1 / 2 \}$?
 _____ % (1)

End of Block: Threshold V11 (Cognition - Bleeding)

Start of Block: Threshold V12 (Cognition - Death)

Threshold V12 Intro Earlier you told us that the difficulty you had thinking clearly, getting organized, or making plans was $\{e://Field/CS1\}$ on a scale from 0 to 10 where 0 indicates that you had no difficulty and 10 indicates that you had extreme difficulty.

Suppose you could get a device implanted in your brain today that would **decrease the amount of trouble you have thinking clearly, getting organized, or making plans** by half from $\$e://Field/CS1$ to $\$e{ e://Field/CS1 / 2 }$.

Now suppose that 2 out of 100 people who get the device will **die within 1 year** after getting a device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the amount of trouble you have thinking clearly, getting organized, or making plans and the only side effect is the risk of dying within 1 year after getting the device.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

12 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on time" each day
	Hours of "on time"
	Hours of "off time"
	Hours of "on time"
	Hours of "off time"
Severity of movement symptoms	Severity of movement symptoms
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	Severity of pain
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	Difficulty thinking clearly, getting organized, or making plans
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	Number of pills you need to take
Risk of getting depression or anxiety after getting the device	Risk of getting depression or anxiety after getting the device
None	None
Risk of having bleeding in the brain after getting the device	Risk of having bleeding in the brain after getting the device
None	None
Risk of dying within 1 year after getting the device	Risk of dying within 1 year after getting the device
None	
2 out of 100 (2%)	

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 12 = 1

12a In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on time" each day
	Hours of "on time"
	Hours of "on time"

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1 / 2\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None None
Risk of dying within 1 year after getting the device
 None
 1 out of 100 (1%)

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 12a = 1

12a.1 In the last question, you said that you preferred to remain on your current treatment.
 Would you accept any risk of dying to decrease the amount of trouble you have thinking clearly,
 getting organized, or making plans from $\{e://Field/CS1\}$ to $\{e://Field/CS1 / 2\}$?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	pills each day
Risk of getting depression or anxiety after getting the device	None
None	
Risk of having bleeding in	
the brain after getting the device	None
	None
Risk of dying within 1 year after getting the device	
None	

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 12b = 2



12b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from $\{e://Field/CS1\}$ to $\{e\ e://Field/CS1 / 2 \}$?

_____ % (1)

End of Block: Threshold V12 (Cognition - Death)

Start of Block: Threshold V13 (Medication - Depression)

Threshold V13 Intro Earlier you told us that you take $\$ \{ e : // \text{Field/PB1} \}$ pills or tablets each day to treat your Parkinson's disease or to treat the side effects of your Parkinson's medicines.

Suppose you could get a device implanted in your brain today that would **reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines)** by half from $\$ \{ e : // \text{Field/PB1} \}$ to $\$ \{ e : // \text{Field/PB1} / 2 \}$. The device would work just as well as your current Parkinson's treatment, but it would reduce the number of pills or tablets you need to take each day and the side effects associated with those pills or tablets.

Now suppose that 20 out of 100 people who get the device will develop **depression or anxiety** or their depression or anxiety will get worse after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the number of pills or tablets you need to take each day and the only side effect is the risk of depression or anxiety.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

13 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	pills each day
pills each day	
Risk of getting depression or anxiety after getting the device	None
20 out of 100 (20%)	Risk
of having bleeding in the brain after getting the device	None
None	Risk of dying within 1 year after
getting the device	None
Which option would you choose?	

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 13 = 1

13a In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 10%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\$e\{e://Field/PB1 / 2\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 10 out of 100 (10%) **Risk**
of having bleeding in the brain after getting the device None
 None **Risk of dying within 1 year after**
getting the device None
 None
 Which option would you choose?

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 13a = 1

13a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of getting depression or anxiety to reduce the number of pills or tablets you need to take each day (as well as side effects of your Parkinson's medicines) from $\{e://Field/PB1\}$ to $\$e\{e://Field/PB1 / 2\}$?

☐ Yes (1)

☐ No (2)

☐ Do not know or not sure (3)

Display This Question:

If 13a = 2

13a.2 In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 15%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment	
time" each day		Hours of "on	
		time"	
		of "on time"	
		of "off time"	
		of "off time"	
Severity of movement symptoms			
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Severity of pain			
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Difficulty thinking clearly, getting organized, or making plans			
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Number of pills you need to take			
\$e{ e://Field/PB1 / 2 } pills each day			
Risk of getting depression or anxiety after getting the device			
15 out of 100 (15%)			
of having bleeding in the brain after getting the device			
None			
None			
getting the device			
None			
Which option would you choose?			

☐ Your current treatment (1)

☐ A new device (2)

Display This Question:

If 13 = 2

13b In the last question, you said that you preferred to get the new device. What if the risk of getting depression or anxiety after getting the device was 40%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	pills each day
pills each day	
Risk of getting depression or anxiety after getting the device	None
40 out of 100 (40%)	Risk
of having bleeding in the brain after getting the device	None
None	Risk of dying within 1 year after
getting the device	None
Which option would you choose?	

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 13b = 1

13b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of getting depression or anxiety after getting the device was 30%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"

Severity of movement symptoms	$\{e://Field/MS1\}$
(on a scale from 0 to 10)	$\{e://Field/MS1\}$
(on a scale from 0 to 10)	
Severity of pain	$\{e://Field/PS1\}$
(on a scale from 0 to 10)	$\{e://Field/PS1\}$
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
$\{e://Field/CS1\}$	
(on a scale from 0 to 10)	$\{e://Field/CS1\}$
(on a scale from 0 to 10)	
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day
$\{e://Field/PB1 / 2 \}$ pills each day	
Risk of getting depression or anxiety after getting the device	None
30 out of 100 (30%)	Risk
of having bleeding in the brain after getting the device	None
None	Risk of dying within 1 year after
getting the device	None
None	None
Which option would you choose?	
<input type="radio"/> Your current treatment (1)	
<input type="radio"/> A new device (2)	

Display This Question:

If 13b = 2



13b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of getting depression or anxiety that you would be willing to accept to reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) from $\{e://Field/PB1\}$ to $\{e://Field/PB1 / 2 \}$?

_____ % (1)

End of Block: Threshold V13 (Medication - Depression)

Start of Block: Threshold V14 (Medication - Bleeding)

Threshold V14 Intro Earlier you told us that you take $\{e://Field/PB1\}$ pills or tablets each day to treat your Parkinson's disease or to treat the side effects of your Parkinson's medicines.

Suppose you could get a device implanted in your brain today that would **reduce the number**

of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) by half from $\$e://Field/PB1$ to $\$e\{ e://Field/PB1 / 2 \}$. The device would work just as well as your current Parkinson's treatment, but it would reduce the number of pills or tablets you need to take each day and the side effects associated with those pills or tablets.

Now suppose that 4 out of 100 people who get the device will develop **bleeding in the brain** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the number of pills or tablets you need to take each day and the only side effect is the risk of getting bleeding in the brain.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

14 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"
	hours of "off time"
of "on time"	hours
	hours of "off time"
Severity of movement symptoms	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Severity of pain	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Difficulty thinking clearly, getting organized, or making plans	
(on a scale from 0 to 10)	
(on a scale from 0 to 10)	
Number of pills you need to take	pills each day
pills each day	
Risk of getting depression or anxiety after getting the device	None
None	Risk of having bleeding in
the brain after getting the device	None
4 out of 100 (4%)	
of dying within 1 year after getting the device	Risk
	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 14 = 1

14a In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 2%? Please look at the table below and select the option you would prefer.

	Your current treatment
A new device	Hours of "on
time" each day	time" hours of "on time"

	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\$e\{ e://Field/PB1 / 2 \}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		Risk of having bleeding in
the brain after getting the device	None	
2 out of 100 (2%)		Risk
of dying within 1 year after getting the device	None	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 14a = 1

14a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of having bleeding in the brain to reduce the number of pills or tablets you need to take each day (as well as side effects of your Parkinson's medicines) from $\{e://Field/PB1\}$ to $\$e\{ e://Field/PB1 / 2 \}$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

A new device		Your current treatment	
time" each day		Hours of "on	
	$\{e://Field/X\}$ hours of "on time"	$\{e://Field/X\}$ hours	
of "on time"	$\{e://Field/Y\}$ hours of "off time"		
	$\{e://Field/Y\}$ hours of "off time"		
Severity of movement symptoms		$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		$\{e://Field/MS1\}$	
(on a scale from 0 to 10)			
Severity of pain		$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$	
(on a scale from 0 to 10)			
Difficulty thinking clearly, getting organized, or making plans			
$\{e://Field/CS1\}$		$\{e://Field/CS1\}$	
(on a scale from 0 to 10)			
(on a scale from 0 to 10)			
Number of pills you need to take		$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1 / 2 \}$ pills each day			
Risk of getting depression or anxiety after getting the device		None	
None		Risk of having bleeding in	
the brain after getting the device		None	
8 out of 100 (8%)			
of dying within 1 year after getting the device		None	
		Risk	
		None	

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If Q14b = 1

Q14b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of having bleeding in the brain after getting the device was 6%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment	
time" each day		Hours of "on	
	$\{e://Field/X\}$ hours of "on time"	$\{e://Field/X\}$ hours	
of "on time"	$\{e://Field/Y\}$ hours of "off time"		
	$\{e://Field/Y\}$ hours of "off time"		

Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		$\{e://Field/MS1\}$
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		$\{e://Field/PS1\}$
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)		$\{e://Field/CS1\}$
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1 / 2 \}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		
	Risk of having bleeding in	
the brain after getting the device	None	
6 out of 100 (6%)		Risk
of dying within 1 year after getting the device	None	None

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If Q14b = 2



14b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of having bleeding in the brain that you would be willing to accept to reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) from $\{e://Field/PB1\}$ to $\{e://Field/PB1 / 2 \}$?

_____ % (1)

End of Block: Threshold V14 (Medication - Bleeding)

Start of Block: Threshold V15 (Medication - Death)

Threshold V15 Intro Earlier you told us that you take $\{e://Field/PB1\}$ pills or tablets each day to treat your Parkinson's disease or to treat the side effects of your Parkinson's medicines.

Suppose you could get a device implanted in your brain today that would **reduce the number**

of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) by half from $\$ \{e://Field/PB1\}$ to $\$ e \{ e://Field/PB1 / 2 \}$. The device would work just as well as your current Parkinson's treatment, but it would reduce the number of pills or tablets you need to take each day and the side effects associated with those pills or tablets.

Now suppose that 2 out of 100 people who get the device will develop **die within 1 year** after getting the device.

Please also assume that there are no other benefits or side effects associated with getting the device. That is, the only benefit of getting the device is a reduction in the number of pills or tablets you need to take each day and the only side effect is the risk of dying within 1 year after getting the device.

This situation is shown in the table on the next screen. The differences between the 2 options are highlighted in the table.

On the next screen, please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

Page Break

15 Please tell us whether you would choose to remain on your current treatment or get the new device by checking the corresponding box below.

<p>A new device</p> <p>time" each day $\{e://Field/X\}$ hours of "on time"</p> <p>of "on time" $\{e://Field/Y\}$ hours of "off time"</p> <p>Severity of movement symptoms $\{e://Field/MS1\}$</p> <p style="padding-left: 40px;">(on a scale from 0 to 10)</p> <p style="padding-left: 40px;">(on a scale from 0 to 10)</p> <p>Severity of pain $\{e://Field/PS1\}$</p> <p style="padding-left: 40px;">(on a scale from 0 to 10)</p> <p style="padding-left: 40px;">(on a scale from 0 to 10)</p> <p>Difficulty thinking clearly, getting organized, or making plans</p> <p>$\{e://Field/CS1\}$</p> <p style="padding-left: 40px;">(on a scale from 0 to 10)</p> <p style="padding-left: 40px;">(on a scale from 0 to 10)</p> <p>Number of pills you need to take $\{e://Field/PB1\}$ pills each day</p> <p style="padding-left: 40px;">$\{e://Field/PB1 / 2\}$ pills each day</p> <p>Risk of getting depression or anxiety after getting the device None</p> <p style="padding-left: 40px;">None</p> <p>the brain after getting the device None</p> <p style="padding-left: 40px;">None</p> <p style="padding-left: 40px;">Risk of dying within 1 year after getting the device</p> <p style="padding-left: 40px;">None</p> <p style="padding-left: 40px;">2 out of 100 (2%)</p> <p>Which option would you choose?</p> <p><input type="radio"/> Your current treatment (1)</p> <p><input type="radio"/> A new device (2)</p>	<p>Your current treatment</p> <p>Hours of "on</p> <p>$\{e://Field/X\}$ hours</p> <p>$\{e://Field/MS1\}$</p> <p>$\{e://Field/MS1\}$</p> <p>$\{e://Field/PS1\}$</p> <p>$\{e://Field/PS1\}$</p> <p>$\{e://Field/CS1\}$</p> <p>$\{e://Field/CS1\}$</p> <p>$\{e://Field/PB1\}$ pills each day</p> <p>None</p> <p>Risk of having bleeding in</p> <p>None</p> <p>None</p>
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Display This Question:

If 15 = 1

15a In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 1%? Please look at the table below and select the option you would prefer.

<p>A new device</p> <p>time" each day $\{e://Field/X\}$ hours of "on time"</p>	<p>Your current treatment</p> <p>Hours of "on</p>
---	--

of "on time" $\{e://Field/Y\}$ hours of "off time" $\{e://Field/X\}$ hours
 $\{e://Field/Y\}$ hours of "off time"
Severity of movement symptoms $\{e://Field/MS1\}$
 (on a scale from 0 to 10) $\{e://Field/MS1\}$
 (on a scale from 0 to 10)
Severity of pain $\{e://Field/PS1\}$
 (on a scale from 0 to 10) $\{e://Field/PS1\}$
 (on a scale from 0 to 10)
Difficulty thinking clearly, getting organized, or making plans
 $\{e://Field/CS1\}$
 (on a scale from 0 to 10) $\{e://Field/CS1\}$
 (on a scale from 0 to 10)
Number of pills you need to take $\{e://Field/PB1\}$ pills each day
 $\{e://Field/PB1 / 2\}$ pills each day
Risk of getting depression or anxiety after getting the device None
 None **Risk of having bleeding in**
the brain after getting the device None None
Risk of dying within 1 year after getting the device
 None
 1 out of 100 (1%)

Which option would you choose?

- ☐ Your current treatment (1)
☐ A new device (2)

Display This Question:

If 15a = 1

15a.1 In the last question, you said that you preferred to remain on your current treatment. Would you accept any risk of dying to reduce the number of pills or tablets you need to take each day (as well as side effects of your Parkinson's medicines) from $\{e://Field/PB1\}$ to $\{e://Field/PB1 / 2\}$?

- ☐ Yes (1)
☐ No (2)
☐ Do not know or not sure (3)

Display This Question:

If 15 = 2

15b In the last question, you said that you preferred to get the new device. What if the risk of dying within 1 year after getting the device was 4%? Please look at the table below and select the option you would prefer.

A new device		Your current treatment	
time" each day	$\{e://Field/X\}$ hours of "on time"	Hours of "on time"	
of "on time"	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours	
	$\{e://Field/Y\}$ hours of "off time"		
Severity of movement symptoms	$\{e://Field/MS1\}$		
(on a scale from 0 to 10)	$\{e://Field/MS1\}$		
(on a scale from 0 to 10)			
Severity of pain	$\{e://Field/PS1\}$		
(on a scale from 0 to 10)	$\{e://Field/PS1\}$		
(on a scale from 0 to 10)			
Difficulty thinking clearly, getting organized, or making plans			
$\{e://Field/CS1\}$	$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1\}$		
(on a scale from 0 to 10)			
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day		
$\{e://Field/PB1 / 2 \}$ pills each day			
Risk of getting depression or anxiety after getting the device	None		
None		Risk of having bleeding in	
the brain after getting the device	None	None	
	Risk of dying within 1 year after getting the device		
None			
	4 out of 100 (4%)		

Which option would you choose?

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If 15b = 1

15b.1 In the last question, you said that you preferred to remain on your current treatment. What if the risk of dying within 1 year after getting the device was 3%? Please look at the table below and select the option you would prefer.

	Your current treatment	
A new device		Hours of "on
time" each day	$\{e://Field/X\}$ hours of "on time"	
	$\{e://Field/Y\}$ hours of "off time"	$\{e://Field/X\}$ hours
of "on time"		
	$\{e://Field/Y\}$ hours of "off time"	
Severity of movement symptoms	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)	$\{e://Field/MS1\}$	
(on a scale from 0 to 10)		
Severity of pain	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)	$\{e://Field/PS1\}$	
(on a scale from 0 to 10)		
Difficulty thinking clearly, getting organized, or making plans		
$\{e://Field/CS1\}$		
(on a scale from 0 to 10)	$\{e://Field/CS1\}$	
(on a scale from 0 to 10)		
Number of pills you need to take	$\{e://Field/PB1\}$ pills each day	
$\{e://Field/PB1 / 2\}$ pills each day		
Risk of getting depression or anxiety after getting the device		None
None		
Risk of having bleeding in		None
the brain after getting the device	None	None
	Risk of dying within 1 year after getting the device	
None		
3 out of 100 (3%)		
Which option would you choose?		

- ☐ Your current treatment (1)
- ☐ A new device (2)

Display This Question:

If $15b = 2$



15b.2 In the last question, you said that you preferred to get the new device. What is the highest risk of dying that you would be willing to accept to reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines) from $\{e://Field/PB1\}$ to $\{e://Field/PB1 / 2\}$? _____ % (1)

End of Block: Threshold V15 (Medication - Death)

Q22 Time Until the Device is Available

Some devices that could be used to treat Parkinson's disease are currently being developed and tested and may not be available to patients yet. The process of developing and testing new device treatments can take years. Sometimes patients are willing to wait to get a new device to treat Parkinson's if the benefits of the device are expected to be better than the treatments that are available to them now.

Have you ever had to wait more than a few days or a few weeks to have an operation or to start a new treatment?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or not sure (3)

Page Break

Time Tradeoff Intro Suppose that researchers are developing a new device that might offer you a significant improvement in your Parkinson's symptoms or reduce the amount of Parkinson's medicines you need to take.

We will ask you questions about how long you would be willing to wait to get the new device and the benefits it offers.

Please go to the next screen to view these questions.

End of Block: Block Between Thresholds and Time Tradeoff

Start of Block: Time Tradeoff Series 1 (On time)

TTS1 Intro Earlier you told us that you experienced $\{e://Field/X\}$ hours of “on time” each day when your current Parkinson's treatment was working to improve your symptoms and $\{e://Field/Y\}$ hours of “off time” each day when your current treatment was not working.

Please suppose that your doctor tells you that you need to get a device implanted in your brain to treat your Parkinson's disease. Please also suppose that your doctor gives you 2 device options – Device A and Device B.

Device A would be implanted now and would **increase the number of hours of on time** you have from $\{e://Field/X\}$ hours to $\{e://Field/X + 1\}$ hours each day.

Device B would **increase the number of hours of on time** you have from the $\{e://Field/X\}$ hours you currently have to $\{16 - (0.5 * e://Field/Y)\}$ hours each day but it will take 3 years before the new device is available.

Please assume that if you wait to get Device B, you will continue your current treatment until you get the device.

If you get Device A now, you **will not** be able to get Device B when it becomes available.

We are interested in knowing how you think about waiting to get a device that works better. So please assume that there are no side effects associated with getting the device.

On the next screen, please tell us whether you would choose to get Device A now or wait 3 years to get Device B by checking the corresponding box below.

Page Break

T1 Please tell us which you would choose by checking the corresponding box below.

	Device B	Device A
	Hours of "on time" each	Hours of "on time" each
day	$\$e\{ e://Field/X + 1 \}$ hours of "on time"	$\$e\{ 16 - (e://Field/X + 1) \}$ hours of "off time"
	$\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours of "on time"	$\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours of "off time"
years	Time until you get the device	Now
		3

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If $T1 = 1$

T1a In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
day		Hours of "on time" each	
	$\$e\{ e://Field/X + 1 \}$ hours of "on time"		
	$\$e\{ 16 - (e://Field/X + 1) \}$ hours of "off time"		$\$e\{ 16$
	$- (0.5 * e://Field/Y) \}$ hours of "on time"		
	$\$e\{ 0.5 * e://Field/Y \}$ hours of "off time"		
Time until you get the device		Now	1 year

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If $T1a = 1$

T1a.1 In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to increase the number of hours of on time you have from $\$e://Field/X\}$ hours to $\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours each day?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Page Break

Display This Question:

If T1a = 2

T1a.2 In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
day	$\$e\{ e://Field/X + 1 \}$ hours of "on time"	Hours of "on time" each	
	$\$e\{ 16 - (e://Field/X + 1) \}$ hours of "off time"		$\$e\{ 16$
	$- (0.5 * e://Field/Y) \}$ hours of "on time"		
	$\$e\{ 0.5 * e://Field/Y \}$ hours of "off time"		
Time until you get the device		Now	2
years			

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T1 = 2

T1b In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
day	$\$e\{ e://Field/X + 1 \}$ hours of "on time"	Hours of "on time" each	
	$\$e\{ 16 - (e://Field/X + 1) \}$ hours of "off time"		$\$e\{ 16$
	$- (0.5 * e://Field/Y) \}$ hours of "on time"		
	$\$e\{ 0.5 * e://Field/Y \}$ hours of "off time"		
Time until you get the device		Now	6

years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T1b = 1

T1b.1 In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
day	\$e{ e://Field/X + 1 } hours of "on time"	Hours of "on time" each	
	\$e{ 16 - (e://Field/X + 1) } hours of "off time"		\$e{ 16
	- (0.5 * e://Field/Y) } hours of "on time"		
	\$e{ 0.5 * e://Field/Y } hours of "off time"		
Time until you get the device		Now	5
years			

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T1b = 2



T1b.2 In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to increase the number of hours of on time you have from $\$e://Field/X$ hours to $\$e\{ 16 - (0.5 * e://Field/Y) \}$ hours each day?
_____ years (1)

End of Block: Time Tradeoff Series 1 (On time)

Start of Block: Time Tradeoff Series 2 (Movement)

TTS2 Intro Earlier you told us that the severity of your Parkinson's movement symptoms was $\$e://Field/MS1$ on a scale from 0 to 10 where 0 indicates that you had no movement symptoms and 10 indicates that your movement symptoms were very severe.

Please suppose that your doctor tells you that you need to get a device implanted in your brain to treat your Parkinson's disease. Please also suppose that your doctor gives you 2 device options – Device A and Device B.

Device A would be implanted **now** and would **reduce the severity of your movement symptoms** from $\$e://Field/MS1$ to $\$e\{ e://Field/MS1 - 1 \}$.

Device B would **reduce the severity of your movement symptoms** by half from $\$e://Field/MS1$ which you currently have to $\$e\{ e://Field/MS1 / 2 \}$ but it will **take 3 years** before the new device is available.

Please assume that if you wait to get Device B, you will continue your current treatment until you get the device.

If you get Device A now, you **will not** be able to get Device B when it becomes available.

We are interested in knowing how you think about waiting to get a device that works better. So please assume that there are no side effects associated with getting the device.

On the next screen, please tell us whether you would choose to get Device A now or wait 3 years to get Device B by checking the corresponding box below.

Page Break

T2 Please tell us which you would choose by checking the corresponding box below.

Device B		Device A	
symptoms	$\$e\{ e://Field/MS1 - 1 \}$ (on a scale from 0 to 10) (on a scale from 0 to 10)	Severity of movement	$\$e\{ e://Field/MS1 / 2 \}$
Time until you get the device		Now	3 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T2 = 1

T2a In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
symptoms	\$e{ e://Field/MS1 - 1 }	Severity of movement	
	(on a scale from 0 to 10)	\$e{ e://Field/MS1 / 2 }	
	(on a scale from 0 to 10)		
Time until you get the device		Now	1 year

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T2a = 1

T2a.1 In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to reduce the severity of your movement symptoms from $\$e://Field/MS1$ to $\$e://Field/MS1 / 2$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Page Break

Display This Question:

If T2a = 2

T2a.2 In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B symptoms	\$e{ e://Field/MS1 - 1 } (on a scale from 0 to 10) (on a scale from 0 to 10)	Device A Severity of movement	
		\$e{ e://Field/MS1 / 2 }	
Time until you get the device		Now	2 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:
If T2 = 2

T2b In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B symptoms	$\$e\{e://Field/MS1 - 1\}$ (on a scale from 0 to 10) (on a scale from 0 to 10)	Device A Severity of movement	$\$e\{e://Field/MS1 / 2\}$
Time until you get the device		Now	6 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T2b = 1

T2b.1 In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B symptoms	\$e{ e://Field/MS1 - 1 } (on a scale from 0 to 10) (on a scale from 0 to 10)	Device A Severity of movement	
		\$e{ e://Field/MS1 / 2 }	
Time until you get the device		Now	5 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If $T2b = 2$



T2b.2 In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to reduce the severity of your movement symptoms from $\{e://Field/MS1\}$ to $\{e://Field/MS1 / 2 \}$?
_____ years (1)

End of Block: Time Tradeoff Series 2 (Movement)

Start of Block: Time Tradeoff Series 3 (Pain)

TTS3 Intro Earlier you told us that the severity of your Parkinson's pain was $\{e://Field/PS1\}$ on a scale from 0 to 10 where 0 indicates that you had no pain and 10 indicates that you had very severe pain.

Please suppose that your doctor tells you that you need to get a device implanted in your brain to treat your Parkinson's disease. Please also suppose that your doctor gives you 2 device options – Device A and Device B.

Device A would be implanted now and would **reduce the severity of your Parkinson's pain** from $\{e://Field/PS1\}$ to $\{e://Field/PS1 - 1 \}$.

Device B would **reduce the severity of your Parkinson's pain** by half from $\{e://Field/PS1\}$ which you currently have to $\{e://Field/PS1 / 2 \}$ but it will take 3 years before the new device is available.

Please assume that if you wait to get Device B, you will continue your current treatment until you get the device.

If you get Device A now, you will not be able to get Device B when it becomes available.

We are interested in knowing how you think about waiting to get a device that works better. So please assume that there are no side effects associated with getting the device.

On the next screen, please tell us whether you would choose to get Device A now or wait 3 years to get Device B by checking the corresponding box below.

Page Break

T3 Please tell us which you would choose by checking the corresponding box below.

Device B

\$e{ e://Field/PS1 - 1 }

(on a scale from 0 to 10)

(on a scale from 0 to 10)

Time until you get the device

Device A

Severity of pain

\$e{ e://Field/PS1 / 2 }

Now

3 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T3 = 1

T3a In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available? Please look at the table below and select the option you would prefer.

Device B

\$e{ e://Field/PS1 - 1 }

(on a scale from 0 to 10)

(on a scale from 0 to 10)

Time until you get the device

Device A

Severity of pain

\$e{ e://Field/PS1 / 2 }

Now

1 year

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T3a = 1

T3a.1 In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to reduce the severity of your Parkinson's pain from $\$e://Field/PS1$ to $\$e://Field/PS1 / 2$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Page Break

Display This Question:

If T3a = 2

T3a.2 In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B

\$e{ e://Field/PS1 - 1 }

(on a scale from 0 to 10)

(on a scale from 0 to 10)

Time until you get the device

Device A

Severity of pain

\$e{ e://Field/PS1 / 2 }

Now

2 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T3 = 2

T3b In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B

\$e{ e://Field/PS1 - 1 }

(on a scale from 0 to 10)

(on a scale from 0 to 10)

Time until you get the device

Device A

Severity of pain

\$e{ e://Field/PS1 / 2 }

Now

6 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T3b = 1

T3b.1 In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B

\$e{ e://Field/PS1 - 1 }

(on a scale from 0 to 10)

(on a scale from 0 to 10)

Time until you get the device

Device A

Severity of pain

\$e{ e://Field/PS1 / 2 }

Now

5 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T3b = 2



T3b.2 In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to reduce the severity of your Parkinson's pain from $\$e://Field/PS1$ to $\$e\{ e://Field/PS1 / 2 \}$?

_____ years (1)

End of Block: Time Tradeoff Series 3 (Pain)

Start of Block: Time Tradeoff Series 4 (Cognition)

TTS4 Intro Earlier you told us that the difficulty you had thinking clearly, getting organized, or making plans was $\$e://Field/CS1$ on a scale from 0 to 10 where 0 indicates that you had no difficulty and 10 indicates that you had extreme difficulty.

Please suppose that your doctor tells you that you need to get a device implanted in your brain to treat your Parkinson's disease. Please also suppose that your doctor gives you 2 device options – Device A and Device B.

Device A would be implanted now and would **decrease the amount of trouble you have thinking clearly, getting organized, or making plans** from $\$e://Field/CS1$ to $\$e\{ e://Field/CS1 - 1 \}$.

Device B would **decrease the amount of trouble you have thinking clearly, getting organized, or making plans** by half from $\$e://Field/CS1$ which you currently have to $\$e\{ e://Field/CS1 / 2 \}$ but it will take 3 years before the new device is available.

Please assume that if you wait to get Device B, you will continue your current treatment until you get the device.

If you get Device A now, you will not be able to get Device B when it becomes available.

We are interested in knowing how you think about waiting to get a device that works better. So please assume that there are no side effects associated with getting the device.

On the next screen, please tell us whether you would choose to get Device A now or wait 3 years to get Device B by checking the the corresponding box below.

Page Break

T4 Please tell us which you would choose by checking the corresponding box below.

Device B
getting organized, or making plans
(on a scale from 0 to 10)
(on a scale from 0 to 10)
Time until you get the device

Device A
Difficulty thinking clearly,
 $\$e\{ e://Field/CS1 - 1 \}$
 $\$e\{ e://Field/CS1 / 2 \}$
Now 3 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T4 = 1

T4a In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
getting organized, or making plans		Difficulty thinking clearly,	
(on a scale from 0 to 10)		\$e{ e://Field/CS1 - 1 }	
(on a scale from 0 to 10)		\$e{ e://Field/CS1 / 2 }	
Time until you get the device		Now	1 year

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If $T4a = 1$

T4a.1 In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from $\$ \{e://Field/CS1\}$ to $\$ e \{ e://Field/CS1 / 2 \}$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Page Break

Display This Question:

If T4a = 2

T4a.2 In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B
getting organized, or making plans
(on a scale from 0 to 10)
(on a scale from 0 to 10)
Time until you get the device

Device A
Difficulty thinking clearly,
 $\$e\{ e://Field/CS1 - 1 \}$
 $\$e\{ e://Field/CS1 / 2 \}$
Now 2 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T4 = 2

T4b In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B
getting organized, or making plans
(on a scale from 0 to 10)
(on a scale from 0 to 10)
Time until you get the device

Device A
Difficulty thinking clearly,
 $\$e\{ e://Field/CS1 - 1 \}$
 $\$e\{ e://Field/CS1 / 2 \}$
Now 6 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T4b = 1

T4b.1 In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
getting organized, or making plans		Difficulty thinking clearly,	
(on a scale from 0 to 10)		\$e{ e://Field/CS1 - 1 }	
(on a scale from 0 to 10)		\$e{ e://Field/CS1 / 2 }	
Time until you get the device		Now	5 years

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T4b = 2



T4b.2 In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to decrease the amount of trouble you have thinking clearly, getting organized, or making plans from $\$e{\text{e://Field/CS1}}$ to $\$e{\text{e://Field/CS1} / 2}$?

_____ years (1)

End of Block: Time Tradeoff Series 4 (Cognition)

Start of Block: Time Tradeoff Series 5 (Medication)

TTS5 Intro Earlier you told us that you take $\$e{\text{e://Field/PB1}}$ pills or tablets each day to treat your Parkinson's disease or to treat the side effects of your Parkinson's medicines.

Please suppose that your doctor tells you that you need to get a device implanted in your brain to treat your Parkinson's disease. Please also suppose that your doctor gives you 2 device options – Device A and Device B.

Device A would be implanted **now** and would **reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines)** from $\$e{\text{e://Field/PB1}}$ to $\$e{\text{e://Field/PB1} - 1}$. The device would work just as well as your current Parkinson's treatment, but it would reduce the number of pills or tablets you need to take each day and the side effects associated with those pills or tablets.

Device B would **reduce the number of pills or tablets you need to take each day (as well as the side effects of your Parkinson's medicines)** by half from $\$e{\text{e://Field/PB1}}$ which you currently take to $\$e{\text{e://Field/PB1} / 2}$ but it will **take 3 years** before the new device is available.

Please assume that if you wait to get Device B, you will continue your current treatment until you get the device.

If you get Device A now, you **will not** be able to get Device B when it becomes available.

We are interested in knowing how you think about waiting to get a device that works better. So please assume that there are no side effects associated with getting the device.

On the next screen, please tell us whether you would choose to get Device A now or wait 3 years to get Device B by checking the corresponding box below.

Page Break

T5 Please tell us which you would choose by checking the corresponding box below.

	Device B	Device A
	Number of pills you need	Number of pills you need
to take	\$e{ e://Field/PB1 - 1 } pills each day	\$e{ e://Field/PB1 - 1 } pills each day
e://Field/PB1 / 2 } pills each day		
you get the device	Now	3 years
Time until		

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T5 = 1

T5a In the last question, you said that you preferred to get Device A now. What if you had to wait 1 year until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
to take		Number of pills you need	
\$e{ e://Field/PB1 - 1 } pills each day		\$e{ e://Field/PB1 / 2 } pills each day	
e://Field/PB1 / 2 } pills each day		Time until	
you get the device		Now	
Which option would you choose?		1 year	

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T5a = 1

T5a.1 In the last question, you said that you preferred to get Device A now. Would you wait any amount of time to reduce the number of pills or tablets you need to take (as well as the side effects of your Parkinson's medicines) from $\$e://Field/PB1$ to $\$e\{ e://Field/PB1 / 2 \}$?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Do not know or not sure (3)

Page Break

Display This Question:

If T5a = 2

T5a.2 In the last question, you said that you preferred to get Device B. What if you had to wait 2 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
to take		Number of pills you need	
\$e{ e://Field/PB1 - 1 } pills each day		\$e{ e://Field/PB1 / 2 } pills each day	
e://Field/PB1 / 2 } pills each day		Time until	
you get the device		Now	
Which option would you choose?		2 years	

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If T5 = 2

T5b In the last question, you said that you preferred to get Device B. What if you had to wait 6 years until Device B was available? Please look at the table below and select the option you would prefer.

Device B		Device A	
to take	\$e{ e://Field/PB1 - 1 } pills each day	Number of pills you need	\$e{ e://Field/PB1 / 2 } pills each day
you get the device	Now	6 years	Time until
Which option would you choose?			

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If $T5b = 1$

T5b.1 In the last question, you said that you preferred to get Device A now. What if you had to wait 5 years until Device B was available? Please look at the table below and select the option you would prefer.

Device A	Device B	Number of pills you need to take	$\$e\{ e://Field/PB1 - 1 \}$ pills each day	$\$e\{ e://Field/PB1 / 2 \}$ pills each day	Time until you get the device
Now	5 years				

Which option would you choose?

☐ Device A (1)

☐ Device B (2)

Page Break

Display This Question:

If $T5b = 2$



T5b.2 In the last question, you said that you preferred to get Device B. What is the highest number of years that you would be willing to wait to reduce the number of pills or tablets you need to take (as well as the side effects of your Parkinson's medicines) from $\$ \{e://Field/PB1\}$ to $\$ \{e://Field/PB1 / 2 \}$ each day?
_____ years (1)

End of Block: Time Tradeoff Series 5 (Medication)

Start of Block: Other Questions About You

Final Intro **Other Questions About You**

Q23 In what year were you born?

- ☐ 1920 (1)
- ☐ 1921 (2)
- ☐ 1922 (3)
- ☐ 1923 (4)
- ☐ 1924 (5)
- ☐ 1925 (6)
- ☐ 1926 (7)
- ☐ 1927 (8)
- ☐ 1928 (9)
- ☐ 1929 (10)
- ☐ 1930 (11)
- ☐ 1931 (12)
- ☐ 1932 (13)
- ☐ 1933 (14)
- ☐ 1934 (15)
- ☐ 1935 (16)
- ☐ 1936 (17)
- ☐ 1937 (18)
- ☐ 1938 (19)
- ☐ 1939 (20)
- ☐ 1940 (21)

- ☐ 1941 (22)
- ☐ 1942 (23)
- ☐ 1943 (24)
- ☐ 1944 (25)
- ☐ 1945 (26)
- ☐ 1946 (27)
- ☐ 1947 (28)
- ☐ 1948 (29)
- ☐ 1949 (30)
- ☐ 1950 (31)
- ☐ 1951 (32)
- ☐ 1952 (33)
- ☐ 1953 (34)
- ☐ 1954 (35)
- ☐ 1955 (36)
- ☐ 1956 (37)
- ☐ 1957 (38)
- ☐ 1958 (39)
- ☐ 1959 (40)
- ☐ 1960 (41)
- ☐ 1961 (42)

- ☐ 1962 (43)
- ☐ 1963 (44)
- ☐ 1964 (45)
- ☐ 1965 (46)
- ☐ 1966 (47)
- ☐ 1967 (48)
- ☐ 1968 (49)
- ☐ 1969 (50)
- ☐ 1970 (51)
- ☐ 1971 (52)
- ☐ 1972 (53)
- ☐ 1973 (54)
- ☐ 1974 (55)
- ☐ 1975 (56)
- ☐ 1976 (57)
- ☐ 1977 (58)
- ☐ 1978 (59)
- ☐ 1979 (60)
- ☐ 1980 (61)
- ☐ 1981 (62)
- ☐ 1982 (63)

- ☐ 1983 (64)
- ☐ 1984 (65)
- ☐ 1985 (66)
- ☐ 1986 (67)
- ☐ 1987 (68)
- ☐ 1988 (69)
- ☐ 1989 (70)
- ☐ 1990 (71)
- ☐ 1991 (72)
- ☐ 1992 (73)
- ☐ 1993 (74)
- ☐ 1994 (75)
- ☐ 1995 (76)
- ☐ 1996 (77)
- ☐ 1997 (78)

Page Break

Q24 What is your gender?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (3)
- ☐ Prefer not to answer (4)

Page Break

Q25 What is your marital status?

- ☐ Single / never married (1)
- ☐ Married / living as married / civil partnership (2)
- ☐ Divorced or separated (3)
- ☐ Widowed / surviving partner (4)
- ☐ Other (5)

Page Break

Q26 What is the highest level of education you have completed?
(Check only one answer.)

- ☐ Less than high school (1)
- ☐ Some high school (2)
- ☐ High school or equivalent (e.g., GED) (3)
- ☐ Some college but no degree (4)
- ☐ Technical school (5)
- ☐ Associate's degree (2-year college degree) (6)
- ☐ 4-year college degree (e.g., BA, BS) (7)
- ☐ Some graduate school but no degree (8)
- ☐ Graduate or professional degree (e.g., MBA, MS, MD, PhD) (9)

Page Break

Q27 Which of the following best describes your employment status?
(Check only one answer.)

- ☐ Employed full-time (1)
- ☐ Employed part-time (2)
- ☐ Self-employed (3)
- ☐ Homemaker (4)
- ☐ Student (5)
- ☐ Retired (6)
- ☐ Disabled/Unable to work (7)
- ☐ Unemployed but looking for work (8)
- ☐ Unemployed and not looking for work (9)

Page Break

Q28 How many people aged 18 or younger live with you?

- ☐ 0 (1)
- ☐ 1 (2)
- ☐ 2 (3)
- ☐ 3 (4)
- ☐ 4 (5)
- ☐ 5 (6)
- ☐ 6 (7)
- ☐ 7 (8)
- ☐ 8 (9)
- ☐ 9 (10)
- ☐ 10 (11)
- ☐ 11 (12)
- ☐ 12 (13)
- ☐ 13 (14)
- ☐ 14 (15)
- ☐ 15 (16)
- ☐ 16 (17)
- ☐ 17 (18)
- ☐ 18 (19)
- ☐ 19 (20)
- ☐ 20 (21)

Page Break

Q29 Which of the following people do you provide care for on a daily basis?

- ☐ Your spouse or partner (1)
- ☐ Your parent(s) or parent(s)-in-law (2)
- ☐ Your child or children (3)
- ☐ Your grandchild or grandchildren (4)
- ☐ Your brother(s) or sister(s) (5)
- ☐ Another adult (not mentioned above) who needs care on a daily basis (6)
- ☐ Another child (not mentioned above) who needs care on a daily basis (7)
- ☐ ☐ I do not provide care for any person on a daily basis (8)

Page Break

Q30 What was your total household income before taxes and other deductions in 2016?

- ☐ Less than \$25,000 (1)
- ☐ \$25,000 to \$49,999 (2)
- ☐ \$50,000 to \$74,999 (3)
- ☐ \$75,000 to \$99,999 (4)
- ☐ \$100,000 to \$149,999 (5)
- ☐ \$150,000 to \$199,999 (6)
- ☐ \$200,000 or more (7)
- ☐ Do not know or not sure (8)
- ☐ Prefer not to answer (9)

Page Break

Q31 How would you describe your race or ethnicity? *(Check all that apply).*

- ☐ American Indian or Alaska Native (1)
- ☐ Asian (2)
- ☐ Black or African American (3)
- ☐ Hispanic or Latino (4)
- ☐ Native Hawaiian or other Pacific Islander (5)
- ☐ White or Caucasian (6)
- ☐ Other (7)
- ☐ ☐ Prefer not to answer (8)

End of Block: Other Questions About You
