

Your Medications (PD) (2020)

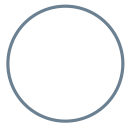
This questionnaire form was deployed in Fox Insight in June 2020, replacing the previous version of the questionnaire form for this survey which had initially been deployed in 03/2017. The previous version can be found in this document, starting on page 5.

There were changes made to the answer choices, no questions were added or removed. For each answer choice, the generic name of the drug appears first with a list of known brand names in parentheses. In the previous version, the generic names were listed second, not first.

Other changes to the questionnaire form have been listed below:

1. The term 'parkinsonism' has been added to question 1 text
2. Three additional answer choices have been added to question 2. These choices are:
 - a. Apathy
 - b. Fatigue and
 - c. Lightheadedness, dizziness, or orthostatic hypotension

< SURVEY LIST



SURVEY TITLE

Your Medications (PD) (2020)



Are you currently taking prescription medication for treating the symptoms of Parkinson's disease or parkinsonism?

HINT TEXT

(Empty)

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES
NO



Are you currently taking any of the following prescription medications to treat your Parkinson's disease or parkinsonism symptoms?

HINT TEXT

Please check all that apply. Brand names are mentioned in parentheses.

MULTI SELECT

OPTIONS: Carbidopa / Levodopa Immediate Release (Sinemet)
Carbidopa / Levodopa Controlled Release (Sinemet CR)
Carbidopa / Levodopa Extended Release Capsules (Rytary or Numient)
Carbidopa / Levodopa Orally Disintegrating Tablets (Parcopa)
Carbidopa / Levodopa Inhalation Powder (Inbrija)
Carbidopa / Levodopa Intestinal Gel (Duopa or Duodopa)
Carbidopa (Lodosyn)
Carbidopa / Levodopa and Entacapone (Stalevo)
Carbidopa / Levodopa and Entacapone Intestinal Gel (Lecigon)
Entacapone (Comtan)
Opicapone (Ongentys)
Tolcapone (Tasmar)
Levodopa / Benserazide Immediate Release (Madopar or Prolopa)

Levodopa / Benserazide Controlled Release (Madopar CR, Madopar HBS, or Prolopa CR)
Levodopa / Benserazide Dispersible (Madopar Rapid)
Rasagiline (Azilect)
Selegiline (Deprenyl, Eldepryl, Zelapar)
Selegiline Transdermal (Emasm)
Safinamide (Xadago or Eufina)
Pramipexole (Mirapex)
Pramipexole Extended Release or modified release tablets (Mirapex ER or Sifrol ER or Pramipexole XR GP)
Ropinirole (Requip or Adartel)
Ropinirole Extended Release (Requip XL)
Ropinirole Transdermal Patch (Haruropi Tape or HP-3000)
Rotigotine Transdermal Patch (Neupro Patch)
Amantadine (Symmetrel)
Amantadine Extended Release (Gocovri ER or Osmolex ER)
Istradefylline (Nourianz or Nourias)
Trihexyphenidyl (Artane or Apo-Trihex)
Benzotropine (Cogentin)
Bromocriptine (Parlodel)
Apomorphine (Apokyn)
Apomorphine sublingual film (Kynmobi)
Ethopropazine (Parsitan or Parsidan or Profenamine or Parsidol, or Parkin)
Mucuna Pruriens
NONE OF THESE

SKIP IF: 1. Are you currently taking prescription medication for treating the symptoms of Parkinson's disease or parkinsonism?

IS: NO

2

Are you currently taking medications (prescription or over the counter) for any of the following conditions?

HINT TEXT

(Empty)

MULTI SELECT (PNTA ENABLED)

OPTIONS: PAIN

CONSTIPATION

BOWEL INCONTINENCE

URINARY DYSFUNCTION

SEXUAL DYSFUNCTION

DEPRESSION

ANXIETY

APATHY

LIGHTHEADEDNESS, DIZZINESS, OR ORTHOSTATIC HYPOTENSION

FATIGUE

SLEEP PROBLEMS

PROBLEMS WITH COGNITION (E. G. TROUBLE THINKING OR STAYING FOCUSED) OR MEMORY

PSYCHOSES (E. G. SEEING OR HEARING THINGS THAT YOU KNOW OR ARE TOLD ARE NOT THERE)

I AM NOT TAKING MEDICATION TO TREAT ANY OF THE CONDITIONS LISTED ABOVE

3

Are you currently taking any of the following supplements or vitamins? Please select all that apply.

HINT TEXT

IF YOU LEAVE A SUPPLEMENT OR VITAMIN UNCHECKED, IT WILL BE INTERPRETED AS “NOT TAKING THAT SUPPLEMENT OR VITAMIN” WHEN YOU CLICK “ SUBMIT.”

MULTI SELECT (PNTA ENABLED)

OPTIONS: COQ10

CREATINE

VITAMIN C (ALONE OR IN A MULTIVITAMIN)

VITAMIN D (ALONE OR IN A MULTIVITAMIN)

VITAMIN E (ALONE OR IN A MULTIVITAMIN)

I AM NOT TAKING ANY OF THE SUPPLEMENTS OR VITAMINS LISTED ABOVE

4

Have you ever undergone any of these PD procedures?

HINT TEXT

(Empty)

MULTI SELECT (PNTA ENABLED)

OPTIONS: DEEP BRAIN STIMULATION

PALLIDOTOMY

THALAMOTOMY

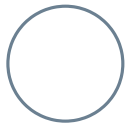
FOCUSED ULTRASOUND

GAMMA KNIFE RADIOSURGERY

I HAVE NOT UNDERGONE ANY OF THE PD PROCEDURES LISTED ABOVE

Other: [Text Input]

< SURVEY LIST



SURVEY TITLE

Your Medications (PD) (2019)



Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?

HINT TEXT

(EMPTY)

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES
NO



Are you currently taking any of the following prescription medications to treat your Parkinson's disease symptoms?

HINT TEXT

PLEASE CHECK ALL THAT APPLY.

MULTI SELECT

OPTIONS: LODOSYN (CARBIDOPA)
SINEMET (CARBIDOPA-LEVODOPA ORAL)
SINEMET CR (CARBIDOPA-LEVODOPA ORAL, EXTENDED RELEASE)
PARCOPA (CARBIDOPA-LEVODOPA ORAL)
RYTARY OR NUMIENT (CARBIDOPA-LEVODOPA ORAL, EXTENDED RELEASE)
DUOPA OR DUODOPA (CARBIDOPA-LEVODOPA INTESTINAL GEL)
STALEVO (CARBIDOPA, LEVODOPA, AND ENTACAPONE)
COMTAN (ENTACAPONE)
AZILECT (RASAGILINE)
DEPRENYL (SELEGILINE)
ELDEPRYL (SELEGILINE)
ZELAPAR (SELEGILINE)
EMASM (SELEGILINE)

MIRAPEX, MIRAPEXIN OR SIFROL (PRAMIPEXOLE)
MIRAPEX ER OR SIFROL ER (PRAMIPEXOLE)
ADARTEL (ROPINIROLE)
REQUIP (ROPINIROLE)
REQUIP XL (ROPINIROLE)
SYMMETREL (AMANTADINE)
GOCOVRI (AMANTADINE, EXTENDED RELEASE)
TASMAR (TOLCAPONE)
APOKYN (APOMORPHINE)
PARLODEL (BROMOCRIPTINE)
XADAGO (SAFINAMIDE)
MADOPAR (LEVODOPA-BENSERAZIDE)
APO-TRIHES (TRIHESYPHENIDYL)
ARTANE (TRIHESYPHENIDYL)
COGENTIN (BENZTROPINE)
NEUPRO (ROTIGOTINE)
NORTHERA (DROXIDOPA)
NUPLAZID (PIMAVANSERIN)
BOTOX (BOTULINUM TOXIN)
DYSPOET (BOTULINUM TOXIN)
MYOBLOC (BOTULINUM TOXIN)
XEOMIN (BOTULINUM TOXIN)
EXELON (RIVASTIGMINE)
ARICEPT (DONEPEZIL)
REMINYL (GALANTAMINE)
RAZADYNE (GALANTAMINE)
NAMENDA OR NAMENDA XR (MEMANTINE) EBIXA
(MEMANTINE)
NONE OF THESE

SKIP IF: 1. ARE YOU CURRENTLY TAKING PRESCRIPTION
MEDICATION FOR TREATING THE SYMPTOMS OF
PARKINSON'S DISEASE?

IS: NO

2

Are you currently taking medications (prescription
or over the counter) for any of the following
conditions?

HINT TEXT

(EMPTY)

MULTI SELECT (PNTA ENABLED)

OPTIONS: PAIN

CONSTIPATION

BOWEL INCONTINENCE

URINARY DYSFUNCTION

SEXUAL DYSFUNCTION

DEPRESSION

ANXIETY

SLEEP PROBLEMS

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OPTIONS: DEEP BRAIN STIMULATION

PALLIDOTOMY

THALAMOTOMY

FOCUSED ULTRASOUND

GAMMA KNIFE RADIOSURGERY

I HAVE NOT UNDERGONE ANY OF THE PD PROCEDURES LISTED ABOVE

OTHER: [TEXT INPUT]
