Fox Insight Cohort: PD
Pg 1 Survey title: Parkinson's Disease Quality of Life Questionnaire

The following survey will collect information about quality of life.

Multiple choice, single answer, required

1. Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?
    a. Yes
    b. No

Skip logic: If (b. No) is selected, skip to End of Survey Thank You 2

Parkinson's Disease Quality of Life Questionnaire (PDQ-39)

Text at the top of the page for every question: Due to having Parkinson's disease, how often during the last month have you…

Multiple choice, single answer, required

1. Had difficulty doing the leisure activities which you would like to do?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always or cannot do at all

Multiple choice, single answer, required

2. Had difficulty looking after your home, for example, housework, cooking or yardwork?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always or cannot do at all

Multiple choice, single answer, required

3. Had difficulty carrying grocery bags?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always or cannot do at all

Multiple choice, single answer, required

4. Had problems walking half a mile?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always or cannot do at all

Multiple choice, single answer, required

5. Had problems walking 100 yards (approximately 1 block)?
    a. Never
    b. Occasionally
    c. Sometimes

d. Often

e. Always or cannot do at all

Multiple choice, single answer, required

6. Had problems getting around the house as easily as you would like?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always or cannot do at all

Multiple choice, single answer, required

7. Had difficulty getting around in public places?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always or cannot do at all

Multiple choice, single answer, required

8. Needed someone else to accompany you when you went out?
    a. Never

b. Occasionally
c. Sometimes
d. Often
e. Always or cannot do at all

Multiple choice, single answer, required

9. Felt frightened or worried about falling in public?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

10. Been confined to the house more than you would like?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

11. Had difficulty showering and bathing?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

12. Had difficulty dressing?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

13. Had difficulty with buttons or shoelaces?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

14. Had problems writing clearly?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

15. Had difficulty cutting up your food?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

16. Had difficulty holding a drink without spilling it?
    a. Never
    b. Occasionally
    c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

17. Felt depressed?

    a. Never

    b. Occasionally

    c. Sometimes

    d. Often

    e. Always

Multiple choice, single answer, required

18. Felt isolated and lonely?

    a. Never

    b. Occasionally

    c. Sometimes

    d. Often

    e. Always

Multiple choice, single answer, required

19. Felt weepy or tearful?

    a. Never

b. Occasionally
c. Sometimes
d. Often
e. Always

Multiple choice, single answer, required

20. Felt angry or bitter?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

21. Felt anxious?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

22. Felt worried about your future?

    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

23. Felt you had to hide your Parkinson's from people?

    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

24. Avoided situations which involve eating or drinking in public?

    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

25. Felt embarrassed in public due to having Parkinson's disease?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

26. Felt worried by other people's reaction to you?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

27. Had problems with your close personal relationships?
    a. Never
    b. Occasionally
    c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

28. Lacked the support you needed from your spouse or partner?

a. Never

b. Occasionally

c. Sometimes

d. Often

e. Always

f. I do not have a spouse or partner

Multiple choice, single answer, required

29. Lacked the support you needed from your family or close friends?

a. Never

b. Occasionally

c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

30. Unexpectedly fallen asleep during the day?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

31. Had problems with your concentration, for example when reading or watching TV?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

32. Felt your memory was failing?
    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

33. Had distressing dreams or hallucinations?

    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

34. Had difficulty speaking?

    a. Never
    b. Occasionally
    c. Sometimes
    d. Often
    e. Always

Multiple choice, single answer, required

35. Felt unable to communicate effectively?

    a. Never
    b. Occasionally
    c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

36. Felt ignored by people?

a. Never

b. Occasionally

c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

37. Had painful muscle cramps or spasms?

a. Never

b. Occasionally

c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

38. Had aches and pains in your joints or body?

a. Never

b. Occasionally

c. Sometimes

d. Often

e. Always

Multiple choice, single answer, required

39. Felt uncomfortably hot or cold?

a. Never

b. Occasionally

c. Sometimes

d. Often

e. Always

Thank you for completing the questionnaire.

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End of Survey Thank You 2:

Thank you for participating in Fox Insight. This survey is currently only collecting responses from people with a diagnosis of Parkinson's disease. We appreciate your interest in sharing your experiences. Please click on the next arrow below (>>) to submit your responses and be redirected to the Fox Insight website.