



## Punchin' Parko's Questionnaire

### PD MEDICATION " PDQ-39 "

Patient's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Please indicate which medications you take for Parkinson's Disease.

| Medication (Drug name)          | Brand                           | i | Dose |
|---------------------------------|---------------------------------|---|------|
| Amantidine                      | Symmetrel                       |   |      |
| Apomorphine                     | Apomine                         |   |      |
| Benzhexol                       | Artane                          |   |      |
| Benztropine                     | Benztrop<br>Cogentin            |   |      |
| Biperidin                       | Akineton                        |   |      |
| Bromocriptine                   | Parlodel<br>Kripton             |   |      |
| Carbergoline                    | Bergoline<br>Cabasen<br>Cobasal |   |      |
| Entacapone                      | Comtan                          |   |      |
| Levodopa/ Carbidopa             | Sinemet<br>Kinson<br>Duodopa    |   |      |
| Levodopa/ Carbidopa/ Entacapone | Stalevo                         |   |      |
| Levodopa + Benserazide          | Madopar                         |   |      |
| Orphenadrine                    | Norflex                         |   |      |
| Pergolide                       | Permax                          |   |      |
| Pramipexole                     | Sifrol<br>Simipex               |   |      |
| Rasagiline                      | Azilect                         |   |      |
| Ropinirole                      | Requip                          |   |      |
| Rotigitone                      | Neupro                          |   |      |
| Selegiline                      | Eldepryl<br>Selgene             |   |      |

Because of your Parkinson's Disease, how often during the last month have you.....

| Question # | <b>PDQ-39</b><br><b>Question</b><br>(Please tick one box for each question) | Never | Occasionally | Sometimes | Often | Always or<br>Can not do at all |
|------------|---|-------|--------------|-----------|-------|--------------------------------|
|            |   |       |              |           |       |                                |
| 1          | Had difficulty doing the leisure activities which you would like to do?     |       |              |           |       |                                |
| 2          | Had difficulty looking after your home, eg DIY, housework, cooking etc?     |       |              |           |       |                                |
| 3          | Had difficulty carrying bags of shopping?                                   |       |              |           |       |                                |
| 4          | Had problems walking 500 metres?  |       |              |           |       |                                |
| 5          | Had problems walking 100 metres?  |       |              |           |       |                                |
| 6          | Had problems getting around the house as easily as you would like?          |       |              |           |       |                                |
| 7          | Had difficulty getting around in public?                                    |       |              |           |       |                                |
| 8          | Needed someone else to accompany you when you went out?                     |       |              |           |       |                                |
| 9          | Felt frightened or worried about falling over in public?                    |       |              |           |       |                                |
| 10         | Been confined to the house more than you would like?                        |       |              |           |       |                                |
| 11         | Had difficulty washing yourself?  |       |              |           |       |                                |
| 12         | Had difficulty dressing yourself?   |       |              |           |       |                                |
| 13         | Had problems doing up your shoe laces?                                      |       |              |           |       |                                |
| 14         | Had problems writing clearly?   |       |              |           |       |                                |
| 15         | Had difficulty cutting up your food?  |       |              |           |       |                                |
| 16         | Had difficulty holding a drink without spilling it?                         |       |              |           |       |                                |
| 17         | Felt depressed?   |       |              |           |       |                                |
| 18         | Felt isolated and lonely?   |       |              |           |       |                                |
| 19         | Felt weepy or tearful?  |       |              |           |       |                                |
| 20         | Felt angry or bitter?   |       |              |           |       |                                |
| 21         | Felt anxious?   |       |              |           |       |                                |
| 22         | Felt worried about your future?   |       |              |           |       |                                |
| 23         | Felt you had to conceal your PD from people?                                |       |              |           |       |                                |
| 24         | Avoided situations which involve eating or drinking in public?              |       |              |           |       |                                |
| 25         | Felt embarrassed in public due to having PD?                                |       |              |           |       |                                |
| 26         | Felt worried by other people's reaction to you?                             |       |              |           |       |                                |
| 27         | Had problems with your close personal relationships?                        |       |              |           |       |                                |
| 28         | Lacked support in the ways you need from your spouse/partner.               |       |              |           |       |                                |
| 29         | Lacked support in the ways you need from your family or close friends?      |       |              |           |       |                                |
| 30         | Unexpectedly fallen asleep during the day?                                  |       |              |           |       |                                |
| 31         | Had problems with your concentration e.g. when reading or watching TV?      |       |              |           |       |                                |
| 32         | Felt your memory was bad?   |       |              |           |       |                                |
| 33         | Had distressing dreams or hallucinations?                                   |       |              |           |       |                                |
| 34         | Had difficulty with your speech?  |       |              |           |       |                                |
| 35         | Felt unable to communicate with people properly?                            |       |              |           |       |                                |
| 36         | Felt ignored by people?   |       |              |           |       |                                |
| 37         | Had painful muscle cramps or spasms?  |       |              |           |       |                                |
| 38         | Had aches and pains in your joints or body/muscles?                         |       |              |           |       |                                |
| 39         | Felt unpleasantly hot or cold?  |       |              |           |       |                                |