

PDQ-39 QUESTIONNAIRE

Please complete the following

Please check one box for each question

Due to having Parkinson's disease, how often during the last month have you....

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
1	Had difficulty doing the leisure activities which you would like to do?	<input type="checkbox"/>				
2	Had difficulty looking after your home, housework, cooking?	<input type="checkbox"/>				
3	Had difficulty carrying shopping bags?	<input type="checkbox"/>				
4	Had problems walking half a mile?	<input type="checkbox"/>				
5	Had problems walking 100 yards?	<input type="checkbox"/>				
6	Had problems getting around the house as easily as you would like?	<input type="checkbox"/>				
7	Had difficulty getting around in public?	<input type="checkbox"/>				
8	Needed someone to accompany you when you went out?	<input type="checkbox"/>				
9	Felt frightened or worried about falling over in public?	<input type="checkbox"/>				
10	Been confined to the house more than you would like?	<input type="checkbox"/>				
11	Had difficulty washing yourself?	<input type="checkbox"/>				
12	Had difficulty dressing yourself?	<input type="checkbox"/>				
13	Had problems doing up your shoe laces?	<input type="checkbox"/>				

*Please ensure that you have checked **one box for each question** before going on to the next page*

Due to having Parkinson's disease, how often during the last month have you....

Please check one box for each question

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
14	Had problems writing clearly?	<input type="checkbox"/>				
15	Had difficulty cutting up your food?	<input type="checkbox"/>				
16	Had difficulty holding a drink without spilling it?	<input type="checkbox"/>				
17	Felt depressed?	<input type="checkbox"/>				
18	Felt isolated and lonely?	<input type="checkbox"/>				
19	Felt weepy or tearful?	<input type="checkbox"/>				
20	Felt angry or bitter?	<input type="checkbox"/>				
21	Felt anxious?	<input type="checkbox"/>				
22	Felt worried about your future?	<input type="checkbox"/>				
23	Felt you had to conceal your Parkinson's from people?	<input type="checkbox"/>				
24	Avoided situations which involve eating or drinking in public?	<input type="checkbox"/>				
25	Felt embarrassed in public due to having Parkinson's disease?	<input type="checkbox"/>				
26	Felt worried by other people's reaction to you?	<input type="checkbox"/>				
27	Had problems with your close personal relationships?	<input type="checkbox"/>				
28	Lacked support in the ways you need from your spouse or partner?	<input type="checkbox"/>				
	<i>If you do not have a spouse or partner tick here</i>		<input type="checkbox"/>			
29	Lacked support in the ways you need from your family or close friends?	<input type="checkbox"/>				

Please ensure that you have checked one box for each question before going on to the next page

***Due to having Parkinson's disease,
how often during the last month
have you....***

Please check one box for each question

		Never	Occasionally	Sometimes	Often	Always
30	Unexpectedly fallen asleep during the day?	<input type="checkbox"/>				
31	Had problems with your concentration, e.g. when reading or watching TV?	<input type="checkbox"/>				
32	Felt your memory was bad?	<input type="checkbox"/>				
33	Had distressing dreams or hallucinations?	<input type="checkbox"/>				
34	Had difficulty with your speech?	<input type="checkbox"/>				
35	Felt unable to communicate with people properly?	<input type="checkbox"/>				
36	Felt ignored by people?	<input type="checkbox"/>				
37	Had painful muscle cramps or spasms?	<input type="checkbox"/>				
38	Had aches and pains in your joints or body?	<input type="checkbox"/>				
39	Felt unpleasantly hot or cold?	<input type="checkbox"/>				

Please ensure that you have ticked one box for each question

Thank you for completing the PDQ 39 questionnaire