PDQ-39 Questionnaire

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

Please circle one for each question

1.	Had difficulty doing the	Never	Occasio	nally	Sometimes	s Often	Always
1.	leisure activities which you would like to do?		1	2	3	4	5
2.	Had difficulty looking after your home?		1	2	3	4	5
3.	Had difficulty carrying bags of shopping?		1	2	3	4	5
4.	Had problems walking half a mile?		1	2	3	4	5
5.	Had problems walking 100 yards?		1	2	3	4	5
6.	Had problems getting around around the house as easily as you would like?		1	2	3	4	5
7.	Had difficulty getting around in public?		1	2	3	4	5
8.	Needed someone else to accompany you when you went out?		1	2	3	4	5
9.	Felt frightened or worried about falling over in public?		1	2	3	4	5
10.	Been confined to the house more than you would like?		1	2	3	4	5
11.	Had difficulty washing yourself?		1	2	3	4	5
12.	Had difficulty dressing yourself?		1	2	3	4	5
13.	Had problems doing up your shoe laces?		1	2	3	4	5
14.	Had problems writing clearly?		1	2	3	4	5
15.	Had difficulty cutting up your food?		1	2	3	4	5
16.	Had difficulty holding a drink without spilling it?		1	2	3	4	5
17.	Felt depressed?		1	2	3	4	5
18.	Felt isolated and lonely?		1	2	3	4	5

19. Felt weepy or tearful?	1	2	3	4	5
20. Felt angry or bitter?	1	2	3	4	5
21. Felt anxious?	1	2	3	4	5
22. Felt worried about your future?	1	2	3	4	5
23. Felt you had to conceal your Parkinson's from people?	1	2	3	4	5
24. Avoided situations which involve eating or drinking in public?	. 1	2	3	4	5
25. Felt embarrassed in public due to having Parkinson's disease?	1	2	3	4	5
26. Felt worried by other people's reaction to you?	1	2	3	4	5
27. Had problems with your close personal relationships?	1	2	3	4	5
	1	2	3	4	5
28. Lacked support in the ways you need from your spouse/ partner?	If you do not			/ partner	r tick here□
	•			/ partner	r tick here□ 5
you need from your spouse/ partner? 29. Lacked support in the ways	If you do not	have a	spouse		
you need from your spouse/ partner? 29. Lacked support in the ways you need from your family/ close friends?	If you do not	t have a	spouse	4	5
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you need from your spouse/ partner? 29. Lacked support in the ways you need from your family/ close friends? 30. Unexpectedly fallen asleep during the day? 31. Had problems with your concentration?	If you do not	2 2 2 2	3 3 3	4 4	5 5 5
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