

HEALTH SERVICES RESEARCH UNIT
DEPARTMENT OF PUBLIC HEALTH
UNIVERSITY OF OXFORD

English (USA)

PDQ-39

**Parkinson's Disease
Quality of Life Questionnaire**

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Adapted from English (UK) to English (USA) in 1996 by Health Research Associates, Inc.

*** Required fields**

* Name of Site: _____	* Type of Visit: _____ e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months.
* Date of Visit: _____	* GUID: _____
* Age of Subject (years and months): _____	Subject ID: _____

DUE TO HAVING PARKINSON'S DISEASE, how often have you experienced the following, during the last month?

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
1* had difficulty doing the leisure activities you would like to do?	<input type="checkbox"/>				
2* had difficulty looking after your home, for example, housework, cooking or yardwork?	<input type="checkbox"/>				
3* had difficulty carrying grocery bags?	<input type="checkbox"/>				
4* had problems walking half a mile?	<input type="checkbox"/>				
5* had problems walking 100 yards (approximately 1 block)?	<input type="checkbox"/>				

6*. had problems getting around the house as easily as you would like?

7*. had difficulty getting around in public places?

8*. needed someone else to accompany you when you went out?

9*. felt frightened or worried about falling in public?

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

10*. been confined to the house more than you would like?

11*. had difficulty showering and bathing?

12*. had difficulty dressing?

13*. had difficulty with buttons or shoelaces?

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?

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

20*. felt angry or bitter?

21*. felt anxious?

22*. felt worried about your future?

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

24*. avoided situations which involve eating or drinking in public?

25*. felt embarrassed in public?

26*. felt worried about other people's reaction to you?

27*. had problems with your close personal relationships?

28*. lacked the support you needed from your spouse or partner?
If you do not have a spouse or Partner, please check here

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

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?

31*. had problems with your concentration, for example when reading or watching TV?

32*. felt your memory was failing?

**33*. had distressing dreams
or hallucinations?**

<input type="checkbox"/>				
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34*. had difficulty speaking?

<input type="checkbox"/>				
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**35*. felt unable to
communicate effectively?**

<input type="checkbox"/>				
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36*. felt ignored by people?

<input type="checkbox"/>				
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**37*. had painful muscle
cramps or spasms?**

<input type="checkbox"/>				
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**38*. had aches and pains in
your joints or body?**

<input type="checkbox"/>				
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**39*. felt uncomfortably hot
or cold?**

<input type="checkbox"/>				
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Please check that you have checked one box for each question