

Parkinson'sDQoL

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.

Please put an "X" in the box that best indicates your response for each item.

First, we would like to know how you feel about your life now.

I) In general, my present quality of life is:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excellent	very good	good	neither good nor bad	bad	very bad	extremely bad

Now we would like to know how your quality of life is affected by having Parkinson's, its treatment and any side effects you may have.

II) If I did <u>not</u> have Parkinson's, my quality of life would be:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
very much better	much better	a little better	the same	worse

The following items are about different aspects of your life. Each item is divided into two parts:

<p>In Part (a) please consider how Parkinson's <u>affects</u> this aspect of your life; In Part (b) please consider how <u>important</u> this aspect is to your quality of life.</p>

1 (a)	<p>If I did <u>not</u> have Parkinson's, I could enjoy my interests and pastimes:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>very much more much more a little more the same less</p>
(b)	<p>For my quality of life, my interests and pastimes are:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>very important important somewhat important not at all important</p>

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2	<p>Are you currently working (paid or voluntary work)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete (a) and (b). If no, would you like to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete (a) and (b). If no to <u>both</u> questions, go straight to 3a.</p>
(a)	<p>If I did <u>not</u> have Parkinson's, my working life would be:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very much better much better a little better the same worse </p>
(b)	<p>For my quality of life, having a working life is:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important important somewhat important not at all important </p>

3	<p>(a) If I did <u>not</u> have Parkinson's, getting out and about (e.g. on foot, or by car, taxi, bus or train) would be:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very much easier much easier a little easier the same more difficult </p>
(b)	<p>For my quality of life, getting out and about is:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important important somewhat important not at all important </p>

4	<p>Do you, or did you ever, go on holiday? Yes <input type="checkbox"/> If yes, complete (a) and (b). No <input type="checkbox"/> If no, go straight to 5a.</p>
(a)	<p>If I did <u>not</u> have Parkinson's, my holidays would be:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very much better much better a little better the same worse </p>
(b)	<p>For my quality of life, holidays are:</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> very important important somewhat important not at all important </p>

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