



# PDQ-39 QUESTIONNAIRE

**Please complete the following**

*Please tick 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, e.g. DIY, housework, cooking?	<input type="checkbox"/>				
3	Had difficulty carrying bags of shopping?	<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 else 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 check that you have ticked **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 tick 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 check that you have ticked **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 tick one box for each question***

	<b>Never</b>	<b>Occasionally</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	
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 check that you have ticked **one box for each question** before going on to the next page*

***Thank you for completing the PDQ 39 questionnaire***