

Specialist Parkinson's Integrated Rehabilitation Team Trial (SPiRiT)

Background questionnaire for Person with Parkinson's

THIS SECTION TO BE COMPLETED BY THE RESEARCHER

We would be grateful if you could provide as much information as possible
All information collected is treated with complete confidentiality

Date: ___/___/___ Time: ___:___ AM PM Location: Home Other _____

Person completing form: Carer Person with Parkinson's Researcher Other (please specify): _____

ABOUT YOUR CONDITION

1) How long ago were you diagnosed with Parkinson's?

- Less than 2 years 2 to 4.99 years 5 to 9.99 years 10 to 14.99 years 15 years and more

2) Please indicate which statement below best describes you

- The main symptoms such as tremor, muscle stiffness, slowness of movement and problems with posture, are only on one side of the body. Problems with balance may be noticed
- Parkinson's affects both sides of the body and problems with swallowing, talking and "facial masking" (loss of facial expression) may be noticed
- Parkinson's affects both sides of the body and problems with swallowing, talking and "facial masking" (loss of facial expression) are worse. Person is independent
- Person is now less independent and needs help with some or all activities of daily living
- Person is confined to a wheelchair or bed and needs total assistance

3) Have you had an organised programme of rehabilitation in the last 6 months? (involving coordinated care from physio/OT, including Flo

Des/Milford/Haslemere, or taken part in a multidisciplinary rehabilitation research study) Yes No Don't know

4) How many times A YEAR do you usually visit the hospital as an outpatient with a doctor for Parkinson's?

- Never About 2 times a year Less than one time a year
- About one time a year About 3 to 4 times a year More than 4 times a year

5) Do you have a Parkinson's nurse specialist? Yes No

6) If yes, you do have a Parkinson's nurse specialist, when did you last see him/her?

- Less than 6 months ago Between 6 months and 1 year 1 to 2 years ago Not relevant

7) When did you last see a physiotherapist?

- Less than 6 months ago Between 6 months and 1 year 1 to 2 years ago Don't know

8) When did you last see an occupational therapist?

- Less than 6 months ago Between 6 months and 1 year 1 to 2 years ago Don't know

9) When did you last see a speech and language therapist?

- Less than 6 months ago Between 6 months and 1 year 1 to 2 years ago Don't know

SPIRITT Unique Identification Number: _ _ _

Assessment time-point 1

FALLS QUESTIONNAIRE

Please place a tick ✓ in the box that is most appropriate to you.

- 1) In the LAST 3 MONTHS, have you fallen? Yes No
- 2) If you have fallen in the LAST 3 MONTHS, roughly _ _ _ times
how many times have you fallen?
- 3) Did you hurt yourself on any of these occasions? Yes No
- 4) Were you able to get up from the floor/ground? Yes No
- 5) Did you see a doctor? Yes, A&E Yes, GP No
- 6) Are your falls related to freezing? Yes No Don't know


Modified Hoehn & Yahr

Please indicate which statement below best describes you

- 0 No sign of disease
- I Unilateral disease (mild symptoms on one side of body only)
- II Bilateral disease (both sides of body affected), minimal disability
- III Bilateral disease with some postural instability (balance problems). Significant slowing of movement, and generalised functional problems, but the person is physically independent
- IV Severe symptoms and disability, and no longer able to live alone
- V Wheelchair or bed ridden unless has help, and requires constant nursing care

MINI-MENTAL STATE EXAMINATION QUESTIONNAIRE

Using the instructions for administering and scoring this questionnaire, please ask the participant the following questions in the order listed and record his/her score on the column on the right.

Questions	Score
1) What is the year? Season? Date? Day of the week? Month?	/5
2) Where are we now: County? Town/city? Street? House number?	/5
3) Researcher name three unrelated objects (<i>monitor, slippers, car</i>) clearly and slowly, then asks the participant to name all three of them. The researcher repeats them until the participant learns all of them, if possible. Number of trials: _ _ _ Please remember these three items as I will ask you for them later.	/3
4) I would like you to count backward from 100 by 7s (100, 93, 86, 79, 72, 65, 58, 51, 44, 37, 30, 23, 16, 9, 2). Stop after 5 answers. Alternatively, spell "world" backwards (D L R O W)	/5
5) Earlier I told you the names of three things. Can you tell me what those were? _____	/3
6) Show the participant two simple objects (<i>mobile phone, pen</i>) and ask the participant to name them _____	/2
7) Repeat the phrase "No ifs, ands or buts"	/1
8) Researcher gives the participant a piece of blank paper and instructs him/her to "Take the paper in your right hand, fold it in half and put it on the floor"	/3
9) Please read this and do what it says (<i>Written instructions are "Close your eyes"</i>)	/1
10) Make up and write a sentence about anything. Sentence must contain a noun and a verb _____	/1
11) Researcher gives the participant a blank piece of paper and instructs him/her "Please copy this picture". (<i>All 10 angles must be present and two must intersect</i>) 	/1
TOTAL:	/30

If score is <24, please complete ABOUT YOU section in Participant Booklet ONLY