

PD REHAB Trial Participant Number	Participant name
Exited PD REHAB Trial on	<i>insert date</i>
<p>Has the patient died? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If Yes, When did they die,</p> <p>What was the cause of death</p>	
<p>Weight on exiting the trial</p>	
<p>Medication on exiting trial</p> <p>Levodopa? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, which? Daily dose (mg)?</p> <p>Eg 1 Sinemet 125 tablet = 100mg daily dose (levodopa)</p>	
<p>Dopamine Agonist? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, which? Daily dose (mg)?</p>	
<p>MAOB inhibitor? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, which? Daily dose (mg)?</p>	
<p>COMT inhibitor? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, which? Daily dose (mg)?</p>	
<p>Amantadine? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes Daily dose (mg)?</p>	
<p>Apomorphine? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes Daily dose (mg)?</p>	

Duodopa? No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes Daily dose (mg)?
Other PD Medication? No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes What medication? Daily dose (mg)?

Your patient was randomised to the *Physiotherapy and Occupational therapy / Controlgroup*.
 If randomised to the control group, did you prescribe Occupational or Physiotherapy in the last 15 months?

Occupational therapy No Yes if yes, please give details

Physiotherapy No Yes if yes, please give details

Control group patients may now be referred for PT or OT through your normal mechanisms
 Please return this questionnaire in the freepost envelope provided.