

My PD Journey questionnaire

1. Introduction



This survey is part of My PD Journey, a multi-stakeholder project by the European Parkinson's Disease Association (EPDA).

With over 1.2 million people in Europe currently living with Parkinson's and this number forecast to double by 2030, My PD Journey aims to ensure that all care providers are coordinated and work together to remove the hurdles that prevent people with Parkinson's from receiving early and appropriate treatment and individualised care.

We would be most grateful if you would share your experiences of receiving a diagnosis, treatment and care for Parkinson's. This will help us understand how well healthcare systems are currently meeting the needs of people with Parkinson's and their families across Europe.

This survey should be completed by a person with Parkinson's disease, or by a family member / carer / healthcare professional on behalf of the person with Parkinson's. Any information you provide will be completely anonymous and treated in confidence.

The survey should take no more than 20 minutes. It is very important each person with Parkinson's completes the survey only once. This survey closes on 31 December 2014. If you have any questions about the survey, please email us at merrittrk@googlemail.com.

Thank you very much in advance for your time and help in completing this survey.

Next

2. About you

<input type="checkbox"/>	12%
--------------------------	-----

1. In what year were you diagnosed with Parkinson's disease?

2. Are you male or female?

- Male
 Female

3. How would you describe the area that you live in?

- Rural
 Town
 City

4. Which country do you currently live in?

- | | | |
|-------------------------------|-----------------------------------|--------------------------------------|
| <input type="radio"/> Denmark | <input type="radio"/> Ireland | <input type="radio"/> Spain |
| <input type="radio"/> France | <input type="radio"/> Italy | <input type="radio"/> Sweden |
| <input type="radio"/> Germany | <input type="radio"/> Netherlands | <input type="radio"/> United Kingdom |
| <input type="radio"/> Hungary | <input type="radio"/> Slovenia | |

5. Are you currently employed?

- Yes
 No

6. What is/was your occupation?

Prev

Next

3. About you

<div style="background-color: #ccc; width: 100px; height: 15px;"></div>	18%
---	-----

7. How would you describe your current state of mobility?

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

8. How would you describe your current ability to care for yourself?

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

9. How would you describe your current ability to perform everyday activities (e.g. work, study, housework, family or leisure)?

- I have no problems with performing everyday activities
- I have some problems with performing everyday activities
- I am unable to perform everyday activities

10. How would you describe your current level of pain or discomfort?

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

11. How would you describe your current level of anxiety or depression?

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Prev

Next

4. About you



12. Compared with your general level of health over the past 12 months, would you say your health today is:

- Better
- Much the same
- Worse

13. Which of the following statements best describes how you feel about your independence?

- I am able to do all chores without slowness, difficulty or impairment
- I am able to do all chores with some degree of slowness, difficulty and impairment, and am beginning to be aware of difficulty
- Chores take twice as long and I am conscious of difficulty and slowness
- Chores take three to four times as long and I spend a large part of the day doing these
- I can do most chores, but exceedingly slowly and requiring a lot of effort
- I need help with half the chores and have difficulty with everything
- I can assist with all the chores, but am only able to do a few on my own
- I can manage a few chores with some effort, but need a lot of help
- I do nothing on my own, but can be a slight help with some chores
- I am totally dependent and helpless
- I am bedridden

Prev

Next

5. Getting a diagnosis of Parkinson's disease

<div style="background-color: #ccc; width: 100px; height: 15px;"></div>	29%
---	-----

14. How old were you when you were first diagnosed with Parkinson's?

Years

15. How long has it been since you were first diagnosed with Parkinson's?

- Less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 3 years
- At least 3 years but less than 5 years
- At least 5 years but less than 10 years
- More than 10 years

16. Which country were you living in when you were first diagnosed with Parkinson's?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="radio"/> Denmark | <input type="radio"/> Ireland | <input type="radio"/> Spain |
| <input type="radio"/> France | <input type="radio"/> Italy | <input type="radio"/> Sweden |
| <input type="radio"/> Germany | <input type="radio"/> Netherlands | <input type="radio"/> United Kingdom |
| <input type="radio"/> Hungary | <input type="radio"/> Slovenia | |
| <input type="radio"/> Other (please specify) | | |

[Prev](#) [Next](#)

My PD Journey questionnaire

6. Getting a diagnosis of Parkinson's disease



17. Before you were diagnosed with Parkinson's, what symptom(s) did you have that prompted you to seek medical help, and estimate how long had you had these symptoms? (Please select ONE option in EACH row)

	Less than 1 year	1 to 2 years	3 to 4 years	5 years or more	Does not apply
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder and bowel problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in the way you move (including the way you walk, dragging a leg, not swinging your arm etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty eating and/or swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falls (balance problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Freezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of smell or taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low blood pressure or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rigidity (stiffness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin and/or sweating problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slowness of movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Less than 1 year 1 to 2 years 3 to 4 years 5 years or more Does not apply

Speech and communication problems (including small handwriting and reduced facial movements)

Stress

Thinking or memory problems

Tremor (shaking)

Other symptoms

Prev

Next

7. Getting a diagnosis of Parkinson's disease



18. How long was it before you sought medical help after you first noticed your symptoms?

- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 12 months
- 12 months or more
- Cannot remember

19. What happened during your first appointment with a healthcare professional? (Please select ALL that apply)

- Discussed your general medical history
- Carried out a physical examination
- Observed your symptom(s)
- Referred you to a specialist, or another doctor / healthcare professional
- Said nothing was wrong
- Said it was too early to tell if anything was wrong
- Said something was wrong, but not sure what
- Prescribed medication to relieve your symptom(s)
- Explained that you may have Parkinson's
- Explained that you may have another disease / condition
- Other (please specify)

Prev

Next

8. Getting a diagnosis of Parkinson's disease



20. If you were referred to another healthcare professional, how long did it take before you saw them?
(Please select ONE option in EACH row)

	Within 1 month	At least 1 month but less than 2 months	At least 2 months but less than 3 months	At least 3 months but less than 4 months	4 months or more	Cannot remember	Does not apply
General neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurologist who is a specialist in Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of the elderly doctor (geriatrician)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease nurse specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech and language therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What examinations or tests were carried out to confirm if you had Parkinson's? (Please select ALL that apply)

- General medical history
- Physical examination
- Observation of your symptoms
- Blood or urine tests
- Brain scan (e.g. CT, MRI, DaTSCAN)
- Genetic testing
- Other (please specify)

9. Getting a diagnosis of Parkinson's disease



22. Who gave you the diagnosis of Parkinson's?

- General practitioner or family doctor
- Hospital doctor
- General neurologist
- Neurologist who is a specialist in Parkinson's
- Care of the elderly doctor (geriatrician)
- Cannot remember
- Other (please specify)

23. How sensitively were you told you had Parkinson's?

Very sensitively	Quite sensitively	Not very sensitively	Not at all sensitively	Cannot remember
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How satisfied were you with the consultation when the initial diagnosis was given?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Cannot remember
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Prev](#) [Next](#)

My PD Journey questionnaire

10. Getting a diagnosis of Parkinson's disease



25. When you were given your diagnosis, what information were you given? (Please select ONE option for EACH row)

	Leaflet/handouts/signposting to online information	Explained verbally	Both handout and verbal information	I did not want any information	No information was provided	Cannot remember
Symptoms, diagnosis and causes of Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-drug treatments (e.g. physiotherapy, occupational therapy, complementary therapies etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining physical well being (e.g. healthy eating, exercise etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining emotional well being (e.g. anxiety, mood changes etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial help available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support organisations (e.g. patient associations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where to find more information on Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking part in clinical trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. If you were given information, how helpful was it?

Very helpful	Quite helpful	Not very helpful	Not helpful	Cannot remember	No information was provided
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Prev](#) [Next](#)

11. Getting a diagnosis of Parkinson's disease



27. When you were given your diagnosis of Parkinson's, were you given time to ask questions and discuss your concerns?

- Yes, I was given enough time
- Yes, but I would have liked more time
- No, I was not given any time
- I did not want to ask questions at that time
- I did not feel able to ask questions or discuss concerns at that time
- Cannot remember

Prev

Next

12. Your treatment



28. How soon after your diagnosis did you receive any medication or treatment therapy?

- This was discussed but I decided against taking medication at that time
- Immediately
- Less than 1 month
- At least 1 month but less than 3 months
- At least 3 months but less than 6 months
- At least 6 months but less than 12 months
- 12 months or more
- Cannot remember

Prev

Next

13. Your treatment



29. Which of the following medications have you taken and who prescribed them? (Please select ALL that apply in EACH row)

	General practitioner or family doctor	Hospital doctor	General neurologist	Neurologist who is a specialist in Parkinson's	Geriatrician	Parkinson's disease nurse specialist	Other	Does not apply
Duodopa®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Madopar®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinemet®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stalevo®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entacapone (Comtan/Comtess®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolcapone (Tasmar®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apomorphine (APO-go®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabergoline (Cabaser®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pergolide (Celance®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pramipexole (MIRAPEXIN®/SIFROL®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropinirole (REQUIP®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotigotine (NEUPRO®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rasagiline (Azilect®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selegiline (Eldepryl®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selegiline (Zelapar®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orphenadrine (Disipal®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amantadine (Symmetrel®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Your treatment



30. Who pays for the Parkinson's medication you are currently taking? (Please select ALL that apply)

- State funded
- Private (myself / family)
- Insurance
- Parkinson's organisation
- Do not know

31. How satisfied are you with the care you are receiving from: (Please select ONE option in EACH row)

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Does not apply
General practitioner or family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurologist who is a specialist in Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of the elderly doctor (geriatrician)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease nurse specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech and language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Prev](#) [Next](#)

15. Your treatment



32. How satisfied are you with the following aspects of your treatment and overall care? (Please select ONE option in EACH row)

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Does not apply
How often your treatment plan is reviewed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way healthcare professionals communicate with you about your condition and treatment options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information you have received from healthcare professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your level of involvement in the decisions about your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family's / carer's level of involvement in the decisions about your treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The availability and accessibility of suitable treatment options when you need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The suitability of your treatment for your condition and circumstances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way the various healthcare professionals work together to deliver your treatment and care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Your treatment



33. Have you ever been refused medication, therapy or care (including nursing home care / formal carers, etc.) for your Parkinson's because of cost? (Please select ALL that apply)

- Yes – medication
- Yes – therapy
- Yes – care
- No
- Do not know

34. Have you ever been refused medication, therapy or care (including nursing home care / formal carers, etc.) for your Parkinson's because of where you live? (Please select ALL that apply)

- Yes – medication
- Yes – therapy
- Yes – care
- No
- Do not know

35. How often is your medication reviewed and by who? (Please select ONE option in EACH row)

	Every 3 months	Every 6 months	Once a year	Once every 2 years or more	Do not know	Does not apply
General practitioner or family doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurologist who is a specialist in Parkinson's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease nurse specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prev Next

17. Your treatment

100%

36. Have you had surgical treatment(s) for your Parkinson's (e.g. deep brain stimulation, duodopa, etc.)?

- No
- Yes (please specify what type of surgical treatment)

37. If yes, how soon after your diagnosis did you have surgical treatment?

- Up to 5 years
- 6 to 10 years
- 11 to 15 years
- More than 15 years
- Does not apply

38. If yes, has the surgical treatment(s) met your expectations?

- Yes
- No
- Does not apply

Please explain briefly why the surgical treatment has or has not met with your expectations

Prev

Done