

Visit date

Calendar icon, dropdown arrows, 20, calendar icon

Centre

34

2 digits

ID

ABCD

4 letters

Case

Diagnosis <3y

Visit

V6 (30 months)



Wearing Off Questionnaire

Please complete Yes or No for the following questions

I have experienced these symptoms in the past month, on an average day

Usually improves after my next dose of Parkinson's medication

1. Tremor (e.g. shaking of hands, arms or legs)

Yes No If Yes No
Yes...

2. Any slowness of movement (e.g. walking, eating, or dressing)

Yes No If Yes No
Yes...

3. Mood changes

Yes No If Yes No
Yes...

4. Any stiffness (e.g. rigidity of arms or legs)

Yes No If Yes No
Yes...

5. Pain / aching

Yes No If Yes No
Yes...

6. Reduced dexterity (e.g. difficulty buttoning or writing)

Yes No If Yes No
Yes...

7. Cloudy mind / slowness of thinking

Yes No If Yes No
Yes...

8. Anxiety / panic attacks

Yes No If Yes No
Yes...

9. Muscle cramping (e.g. arms, legs, or feet)

Yes No If Yes No
Yes...

Thankyou. The questions for this visit are now complete.

Tick once data is copied from this page to online

