**Patient Parkinson’s Symptoms Questionnaire**

**Questions (Please circle a response)**

**Motor Symptoms:**
- Do you experience tremor?  
  - If so is it  
    - Slightly,  
    - Mildly,  
    - Moderately,  
    - Or Severely Debilitating?  
- Do you experience stiffness of muscles?  
- Do you have falls?  
- Do you experience freezing of gait?  
- Do you experience writhing, dance-like movements (dyskinesias)?  
- Do you experience difficulty swallowing?  
- Have you experienced changes in the volume or quality of your voice?  
- Do you have difficulty dressing yourself, feeding, or performing hygiene tasks because of your Parkinson?  

**Non-Motor Symptoms:**
**Mood/Behavioral**
- Do you have symptoms of low mood or depression?  
- Do you have symptoms of anxiety?  
- Have you experienced symptoms of impulsivity, such as eating too much, doing repetitive activities, compulsive shopping, or take more medication than prescribed regularly?  
- Do you feel apathetic or disinterested in day-to-day activities, to the point where it interferes with your daily functioning?  

**Sleep**
- How many hours do you sleep per night?  
- Do you have difficulty initiating and/or maintaining sleep?  
- Do you act out your dreams (kicking, yelling, mimicking movements)?  
- Do you experience daytime sleepiness?  
- Do you have difficulty turning in bed?  

**Cognition**
- Do you have difficulty remembering day-to-day tasks and/or details?  
- Do you have difficulty multi-tasking?  
- Would you describe your attention span as  
  - Good,  
  - Fair,  
  - Or Poor?  
- Do you experience hallucinations, or see or hear people/animals/things that are not there?  
- Do you have difficulty turning in bed?  

**Other Non-Motor Symptoms:**
- Do you experience body pain?  
- Do you experience urinary incontinence, frequency, or urgency?  
- Do you experience constipation?  
- Do you feel lightheaded when you stand too quickly?  

**PLEASE UNDERLINE THE TWO MOST BOTHERSOME SYMPTOMS IN THIS LIST**

*Edited June 2020*