



NAME \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ ONSET OF SYMPTOMS \_\_\_\_\_

## The Parkinson's Disease Quality of Life Questionnaire

Please answer by circling the number which best answers the questions.

**During the last 3 months did you have trouble with:**

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>Never</b>
P1. Stiffness	5	4	3	2	1
Sys2. feeling generally unwell	5	4	3	2	1
Soc3. that you are no longer able to do your hobbies	5	4	3	2	1
P4. being tense	5	4	3	2	1
E5. feeling insecure of yourself due to your physical limitations	5	4	3	2	1
P6. shaking of the hands	5	4	3	2	1
Sys7. feeling worn out or having no energy	5	4	3	2	1
Soc8. difficulties in doing sport or leisure activities	5	4	3	2	1
P9. clumsiness	5	4	3	2	1
E10. feeling embarrassed because of your illness	5	4	3	2	1
P11. shuffling	5	4	3	2	1
Soc12. having to postpone or cancel social activities because of your illness	5	4	3	2	1
Sys13. a feeling of extreme exhaustion	5	4	3	2	1
P14. difficulties turning around while walking	5	4	3	2	1

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>Never</b>
E15. being afraid of possible progressing of the illness	5	4	3	2	1
P16. difficulties writing	5	4	3	2	1
Soc17.being less able to go on holiday than before your illness	5	4	3	2	1
E18. feeling insecure of yourself around other	5	4	3	2	1
Sys19.difficultties getting a good nights rest	5	4	3	2	1
P20. "on/ off "periods	5	4	3	2	1
E21. difficulty with accepting your illness	5	4	3	2	1
Soc22.difficultties talking	5	4	3	2	1
P22. difficulties signing your name in public	5	4	3	2	1
Sys23.difficultties walking	5	4	3	2	1
P24. drooling	5	4	3	2	1
E25. feeling depressed or discouraged	5	4	3	2	1
P26. difficulty with sitting still (for long periods)	5	4	3	2	1
Sys27.often needing to urinate and/or wetting yourself	5	4	3	2	1
Soc28.difficultties with transport	5	4	3	2	1
P29. .sudden extreme movement	5	4	3	2	1
E30. difficulties concentrating	5	4	3	2	1
P31. difficulties getting up from a chair	5	4	3	2	1
Sys32.constipation	5	4	3	2	1
E33. difficulties with your memory	5	4	3	2	1
P34. difficulties turning around in bed	5	4	3	2	1
Soc35.that your illness inhibits your sex life	5	4	3	2	1
E36. feeling worried about the (the possible consequences of )an operation in connection with your illness	5	4	3	2	1