

PARKINSON DISEASE PRE-VISIT QUESTIONNAIRE



For patients and care partners completing this questionnaire:

The intent of this questionnaire is to gather information on current symptoms affecting persons with Parkinson’s Disease (PD) prior to a visit with the neurologist. This information is to help communicate with your neurology care team ahead of time so that your concerns are addressed efficiently during your visit.

We understand that some of these questions may be confusing or ask for information that you might be uncomfortable providing. Feel free to leave questions blank or write comments at the end of the questionnaire. The neurology team should follow-up on anything you left blank or are unsure about.

Note to clinicians using this questionnaire:

This survey is made available for you to use by the American Academy of Neurology (AAN). The AAN’s Practice Management and Technology Subcommittee encourages you to use this pre-visit questionnaire to efficiently capture patient reported information and aid in your documentation.

Providers are encouraged to ensure that data collected in this questionnaire is reviewed and concerns are addressed in a timely manner. Providers are also advised to review how the response is integrated into the patient’s medical record to meet both patient and provider needs.

The AAN’s Movement Disorders Quality Measure and Informatics Workgroups have reviewed this questionnaire to ensure information captured in the questionnaire can also assist in meeting the requirements of Axon Registry quality metrics including 06.1 (autonomic symptom screening), 04 (psychiatric symptom screening), 29 (rehabilitation options discussed), and 64 (patient reported falls and plan of care). Often, the questionnaire alone will not automatically meet a metric because the metrics may require documentation that a discussion occurred and that a follow-up plan was developed, implemented, or recommended.

1 OVERVIEW / MOVEMENT (MOTOR) CONCERNS

Which motor symptoms currently are most bothersome to you or are causing problems?

- Tremor (shakiness) Cramps Balance Dexterity (ease in using hands) Slowness

2 MEDICATIONS

Are you experiencing any of the following when taking Parkinson disease medications?

- A. Wearing off (medications stop working before it’s time to take your next dose) No Yes
- B. Delayed onset of effect (medications take a while to start working). No Yes
- C. Dose failures (medications do not seem to work). No Yes
- D. Dyskinesias (wiggling, irregular movements) No Yes
- E. Other side-effects: No Yes

Describe your other side effects here _____

3 AUTONOMIC DYSFUNCTION (PROBLEMS WITH BODY FUNCTIONS)

Which of the following have you experienced since your last visit?

- Constipation Drooling Urinary incontinence Fainting Nighttime urination
 Sexual dysfunction Swallowing problems Dizziness (lightheaded) upon standing

4 FALLS

A. How many times have you fallen since your last visit?

- 0 (*move to section 5*) 1 or more

B. Since the fall, which of the following have you gone through?

- Physical therapy Balance/strength/gait training Home safety evaluation None of the above

5 NONMOTOR SYMPTOMS

A. Which of the following symptoms apply to you?

- Anxiety Depression Fatigue Hallucinations* Impulse control problems**
 Lack of motivation Memory problems Paranoid thoughts

B. Which of the following sleep-related symptoms apply to you?

- Acting out dreams Daytime sleepiness Insomnia (unable to fall asleep or stay asleep) Restless legs
 Sleep apnea (breathing stops and starts again suddenly during sleep)

*A hallucination is seeing or hearing things others do not.

**An impulse control problem is having impulsive urges or behaviors such as excessive eating, excessive shopping, spending an excessive amount of time on the internet, excessive gambling, or excessive sexual urges.