

# Return Study Visit Questionnaire

## QUESTION 1A - IF PREVIOUSLY DID NOT HAVE PD

Input Type: Radio

Validations: PD status is present

**\* Since your last study visit, have you been diagnosed with Parkinson's disease or parkinsonism by a physician or other health care professional?**

1. No, I have not been diagnosed with Parkinson's disease or parkinsonism since my last study visit
2. Yes, I have been diagnosed with Parkinson's disease or parkinsonism since my last study visit

## QUESTION 1A CHILD QUESTION - IF SELECTED YES

Input Type: Date, Multiselect

Validations: Diagnosis date is present, is a date, is in the past, is after the year 1000, is after the user's date of birth. Diagnosis source is present.

**When were you first diagnosed with Parkinson's disease or parkinsonism (to the best of your memory)?**

**Month**

MM

**Year**

YYYY

**Please tell us who you received your diagnosis from.**

1. Primary care physician (such as a general practitioner, family physician or internist)
2. A general neurologist
3. A neurologist specializing in movement disorders (i.e., "movement disorder specialist")
4. Other type of physician or health care professional

## QUESTION 1B - IF PREVIOUSLY HAD PD

Input Type: Radio

Validations: PD status is present

**\* Since your last study visit, has a physician or other health care professional changed your diagnosis of Parkinson's disease or parkinsonism?**

1. No, I still have a diagnosis of Parkinson's disease or parkinsonism
2. Yes, I no longer have a diagnosis of Parkinson's disease or parkinsonism

Submit

## QUESTION 1B CHILD QUESTION - IF SELECTED NO

Input Type: Multiselect

Validations: At least one treatment is chosen, no PD connection is chosen

**My Parkinson's disease or parkinsonism is currently being treated by a...**

1. Movement Disorder Specialist
2. General Neurologist
3. Family Doctor/Primary Care Doctor

4. Nurse Practitioner/Physician Assistant
5. Other

## **QUESTION 1B CHILD QUESTION - IF SELECTED YES**

**Input Type: Multiselect**

**Validations: At least one PD connection is chosen, no treatment is chosen**

**Do you have any other connection to Parkinson's disease?**

1. I am a first degree relative of someone with Parkinson's disease (parent, sibling, or child).
2. I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces, or half-siblings).
3. My spouse or partner has Parkinson's disease.
4. I am friends with someone with Parkinson's disease.
5. I am a caregiver of someone with Parkinson's disease.
6. I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional.
7. I have a genetic mutation associated with PD but have not been diagnosed with PD.
8. My work relates to Parkinson's disease.
9. I do not know anyone with Parkinson's disease but I want to participate in research.
10. I have no other connection to Parkinson's disease.
11. Other

## **QUESTION 2**

**Input Type: Radio**

**Validations: Hospitalization is answered**

**PNTA Enabled**

**Have you been hospitalized for any reason since you last used Fox Insight?**

1. Yes
2. No

## **QUESTION 2 CHILD QUESTION - IF SELECTED YES**

**Input Type: Radio, Radio**

**Validations: Hospitalization duration chosen, hospitalization related to PD chosen**

**How long were you hospitalized?**

1. 1-2 days
2. 3-5 days
3. More than a week

**Was your hospitalization related to Parkinson's disease?**

1. Yes
2. No

## **QUESTION 3**

**Input Type: Multiselect**

**Validations: At least one living situation is chosen or Prefer Not to Answer present**

## **PNTA Enabled**

### **Which best describes your living situation?**

1. Living alone
2. Living with spouse/partner/significant other
3. Living with adult child/children
4. Living with minor child/children
5. Living with other family
6. Living with paid in-home care provider/aide
7. Living in assisted living facility
8. Living in nursing home
9. Other