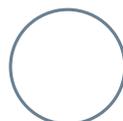




 SURVEY LIST

 **SURVEY TITLE**  
Your Non-Movement Experiences (PD)

 1 Have you experienced dribbling of saliva during the daytime in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

 2 Have you experienced loss or change in your ability to taste or smell in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

 3 Have you experienced difficulty swallowing food or drink or problems with choking in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

4

Have you experienced vomiting or feelings of sickness (nausea) in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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5

Have you experienced constipation (less than three bowel movements a week) or having to strain to pass a stool in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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6

Have you experienced bowel (fecal) incontinence in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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7

Have you experienced feeling that your bowel emptying is incomplete after having been to the toilet in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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8

Have you experienced a sense of urgency to pass urine that makes you rush to the toilet in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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9

Have you experienced getting up regularly at night to pass urine in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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10

Have you experienced unexplained pains (not due to known conditions such as arthritis) in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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11

Have you experienced unexplained change in weight (not due to change in diet) in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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12

Have you experienced problems remembering things that have happened recently or forgetting to do things in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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13

Have you experienced loss of interest in what is happening around you or in doing things in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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14

Have you experienced seeing or hearing things that you know or are told are not there in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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15

Have you experienced difficulty concentrating or staying focussed in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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16

Have you experienced feeling sad, 'low' or 'blue' in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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17

Have you experienced feeling anxious, frightened or panicky in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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18

Have you experienced feeling less interested in sex or more interested in sex in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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19

Have you experienced finding it difficult to have sex when you try in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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20

Have you experienced feeling light-headed, dizzy or weak standing from sitting or lying in the last

month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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21

Have you experienced falling in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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22

Have you experienced finding it difficult to stay awake during activities such as working, driving or eating in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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23

Have you experienced difficulty getting to sleep at night or staying asleep at night in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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24

Have you experienced intense, vivid or frightening dreams in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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25

Have you experienced talking or moving about in your sleep, as if you are 'acting out' a dream in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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26

Have you experienced unpleasant sensations in your legs at night or while resting, and a feeling that you need to move in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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27

Have you experienced swelling of the legs in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

OPTIONS: YES  
NO

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28

Have you experienced excessive sweating in the last month?

**HINT TEXT**

INSTRUCTIONS: YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

**OPTIONS:** YES  
NO

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29

Have you experienced double vision in the last month?

**HINT TEXT**

**INSTRUCTIONS:** YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

**OPTIONS:** YES  
NO

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30

Have you experienced believing things are happening to you that other people say are not in the last month?

**HINT TEXT**

**INSTRUCTIONS:** YOU SHOULD ANSWER 'NO' EVEN IF YOU HAVE HAD THE PROBLEM IN THE PAST BUT NOT IN THE PAST MONTH.

**SINGLE SELECT**

**OPTIONS:** YES  
NO

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