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 SURVEY LIST



**SURVEY TITLE**

Impact of OFF Episodes

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Do you experience OFF episodes?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** YES

NO

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Over the last week, on average... how many hours in the day are you typically awake?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** BETWEEN 0-4 HOURS

BETWEEN 5-8 HOURS

BETWEEN 9-12 HOURS

BETWEEN 13-16 HOURS

BETWEEN 17-20 HOURS

GREATER THAN 21 HOURS

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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Over the last week, on average... how many of your awake hours are typically in an OFF state?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

- OPTIONS:** LESS THAN 1 HOUR  
BETWEEN 1-2 HOURS  
BETWEEN 2-3 HOURS  
BETWEEN 3-4 HOURS  
GREATER THAN 4 HOURS

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.3

Over the last week, on average... how many OFF episodes do you experience in a typical day?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

- OPTIONS:** NO EPISODES, ZERO  
1 EPISODE PER DAY  
2 EPISODES PER DAY  
3 EPISODES PER DAY  
4 EPISODES PER DAY  
GREATER THAN 4 EPISODES PER DAY

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.4

Over the last week, on average... what is the typical duration of each OFF episode?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

- OPTIONS:** LESS THAN 15 MINUTES  
BETWEEN 15 AND 30 MINUTES  
BETWEEN 30 MINUTES AND 45 MINUTES  
BETWEEN 45 MINUTES AND 1 HOUR  
BETWEEN 1 HOUR AND 2 HOURS  
GREATER THAN 2 HOURS

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.5

Over the last week, on average, when you experience an OFF episode, did it stop you from doing things?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

- OPTIONS:** 0 – NEUTRAL: WHEN YOU HAVE OFF TIME, YOU CAN DO EVERYTHING THAT YOU CAN DO DURING ON TIME
- 1 – SLIGHT: OFF TIME SLOWS YOU ON A FEW ACTIVITIES, BUT YOU CAN DO EVERYTHING THAT YOU CAN DO DURING ON TIME
- 2 – MILD: OFF TIME SLOWS YOU ON MANY ACTIVITIES, BUT YOU CAN DO EVERYTHING THAT YOU CAN DO DURING ON TIME
- 3 – MODERATE: OFF TIME CAUSES YOU TO AVOID OR STOP DOING A FEW ACTIVITIES THAT YOU CAN DO DURING ON TIME
- 4 – SEVERE: OFF TIME CAUSES YOU TO AVOID OR STOP MOST ACTIVITIES THAT YOU CAN DO DURING ON TIME

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.6

During an OFF episode over the past week have you... Had difficulty with housework or cooking?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

- OPTIONS:** NEVER
- OCCASIONALLY
- FREQUENTLY
- ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.7

During an OFF episode over the past week have you... Had difficulty with work task like typing?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

- OPTIONS:** NEVER
- OCCASIONALLY
- FREQUENTLY
- ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.8

During an OFF episode over the past week have you... Had difficulty getting around in public?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.9

During an OFF episode over the past week have you... Been confined to the house more than you would like?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.10

During an OFF episode over the past week have you... Had difficulty washing/dressing yourself?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.11

During an OFF episode over the past week have you... Felt pain?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.12

During an OFF episode over the past week have you... Had difficulty walking safely?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.13

During an OFF episode over the past week have you... Felt depressed?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.14

During an OFF episode over the past week have you... Felt anxious?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT****OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?**IS:** NO

1.15

During an OFF episode over the past week have you... Had problems with concentration?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT****OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?**IS:** NO

1.16

During an OFF episode over the past week have you... Felt memory was bad?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT****OPTIONS:** NEVER

OCCASIONALLY

FREQUENTLY

ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?**IS:** NO

1.17

During an OFF episode over the past week have you... Felt unable to communicate properly?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER  
OCCASIONALLY  
FREQUENTLY  
ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.18

During an OFF episode over the past week have you... Had trouble mentally changing from one task to another?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** NEVER  
OCCASIONALLY  
FREQUENTLY  
ALWAYS (CANNOT DO AT ALL)

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.19

Any other things you would like to share about your off time?

**HINT TEXT**

(EMPTY)

**TEXT INPUT**

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.20

Over the last week, on average, how do OFF periods affect your overall feeling of health and well-being?

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** 0 – NO EFFECT  
1 – SLIGHT EFFECT  
2 – MILD EFFECT  
3 – MODERATE EFFECT  
4 – SEVERE EFFECT

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.21

Over the last week, on an average day when you are in an ON state, you would rate your disability:

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** 0 - (NO DISABILITY/NO IMPACT)

1

2

3

4

5

6

7

8

9

10 - HIGH DISABILITY/HIGH IMPACT

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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1.22

Over the last week, on an average day when experiencing OFF time, you would rate your disability:

**HINT TEXT**

(EMPTY)

**SINGLE SELECT**

**OPTIONS:** 0 - (NO DISABILITY/NO IMPACT)

1

2

3

4

5

6

7

8

9

10 - HIGH DISABILITY/HIGH IMPACT

**SKIP IF:** 1. DO YOU EXPERIENCE OFF EPISODES?

**IS:** NO

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