

Covid-19 Experience in the PD Community

Novel coronavirus disease-2019 (COVID-19) is the disease caused by the SARS-CoV-2 virus. The COVID-19 pandemic has created an unprecedented situation world-wide. Currently, there is no evidence that people with Parkinson's disease are at higher risk for COVID-19. But little is known about the effects of the COVID-19 pandemic on people with Parkinson's disease (or how its effects compare to those without Parkinson's). As a Fox Insight participant, you can help to advance our understanding by sharing your experience. Our hope is that this increased understanding will be used to improve care for people with PD and promote better quality of life for the PD community.

The World Health Organization identifies December 31, 2019 as the start of the COVID-19 pandemic. We will use that date in this questionnaire. If you believe you had COVID-19 **before** December 31, 2019, please answer based on the date your symptoms started.

Multiple choice, single answer, required

1. Please share your current health status:
 - a. I have been diagnosed with Parkinson's disease
 - b. I have not been diagnosed with Parkinson's disease

Multiple choice, single answer, required

2. Are you:
 - a. The person registered to this Fox Insight account, answering for yourself
 - b. Answering on behalf of the person registered for this account
 - c. Other (please describe): [Text Box]

Multiple choice, single answer, required

3. Have you had symptoms that you believe were due to infection with COVID-19?
 - a. Yes
 - b. No
 - c. I don't know

Skip Logic: If (b) or (c) is selected, skip to Q5

Drop-down, single answer, required

4. How long did your symptoms last?
[Drop-down of values: 1-2 days, 3-7 days, 8-14 days, 15-21 days, 22-27 days, 4-5 weeks, 6-8 weeks, more than 8 weeks, and "I don't know"]

Multiple choice, single answer, required

5. Have you been diagnosed with COVID-19 by a medical professional?
 - a. I have been diagnosed with COVID-19
 - b. I have been told I may have COVID-19
 - c. I have not been diagnosed with COVID-19
 - d. I don't know

Skip Logic: If (c) or (d) is selected, skip to Q7

Multiple choice, single answer, required

6. When were you diagnosed or told you may have COVID-19 by a medical professional?
 - a. Within the past 7 days
 - b. Between 8 and 30 days ago
 - c. Between 31 and 90 days ago
 - d. More than 90 days ago
 - e. I don't know

Display Logic: If (a) or (b) is selected for Q5

Multiple choice, single answer, required

7. Have you been tested for COVID-19?
- Yes
 - No
 - I don't know

Multiple choice, single answer, required

8. When were you tested for COVID-19?
- Within the past 7 days
 - Between 8 and 30 days ago
 - Between 31 and 90 days ago
 - More than 90 days ago
 - I don't know

Display Logic: If (a) is selected for Q7

Multiple choice, single answer, required

9. What was your COVID-19 test result?
- According to the result, I had coronavirus
 - According to the result, I did not have coronavirus
 - The test result could not be interpreted by my doctor
 - The test results are not available yet
 - I don't know the test results

Display Logic: If (a) is selected for Q7

Multiple choice, single answer, required

10. Whether or not you were diagnosed with COVID-19, have you experienced a fever anytime since the COVID-19 pandemic began (December 31, 2019)?
- Yes
 - No
 - I don't know

Skip Logic: If (b) or (c) is selected, skip to Q13

Drop-down, single answer, required

11. What was your highest temperature during the COVID-19 pandemic? (Answers are rounded to nearest 0.5°. Please choose the closest answer)

[Drop-down of temperatures from 98°F/~37°C to 106 F/~41°C in 0.5°C increments, and "I don't know"]

Display Logic: If (a) is selected for Q10

Drop-down, single answer, required

12. How many days did your fever last?

[Drop-down of values, 1-14 days, more than 14 days]

Display Logic: If (a) is selected for Q10

Multiple choice, single answer, required

13. Have you experienced a cough anytime since the COVID-19 pandemic began (December 31, 2019)?
- Yes
 - No
 - I don't know

Skip Logic: If (b) or (c) is selected, skip to Q15

Multiple choice, single answer, required

14. What kind of cough did you experience?

- a. Dry cough
- b. Cough with mucus
- c. Other (please describe): [Text Box]

Display Logic: If (a) is selected for Q13

15. Since the COVID-19 pandemic began (December 31, 2019), have you experienced changes in any of the following symptoms?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This is a new symptom
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or have trouble breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest tightness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive tiredness or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive sleepiness such as falling asleep during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasal congestion or a runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches or pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of taste or ability to sense food flavor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light-headedness or dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Multiple choice, single answer, required

16. Have you been diagnosed with pneumonia since the COVID-19 pandemic began (December 31, 2019)?

- a. Yes
- b. No
- c. I don't know

Display Logic: If (a) or (c) selected for Q3; or if (a), (b), or (d) selected for Q5; or if (a), (c), (d), or (e) selected for Q9

Multiple choice, single answer, required

17. Have you been given supplemental oxygen since the COVID-19 pandemic began (December 31, 2019)?
- a. Yes
 - b. No
 - c. I don't know

Display Logic: If (a) or (c) selected for Q3; or if (a), (b), or (d) selected for Q5; or if (a), (c), (d), or (e) selected for Q9

Multiple choice, single answer, required

18. Have you been hospitalized due to COVID-19?
- a. Yes
 - b. No
 - c. I was hospitalized, but don't know if it was due to COVID 19

Display Logic: If (a) or (c) selected for Q3; or if (a), (b), or (d) selected for Q5; or if (a), (c), (d), or (e) selected for Q9

Multiple choice, single answer, required

19. When you were hospitalized, were you in the intensive care unit (ICU)?
- a. Yes
 - b. No
 - c. I don't know

Display Logic: If (a) or (c) is selected for Q18

Multiple choice, single answer, required

20. During your hospitalization, were you placed on a ventilator to support your breathing?
- a. Yes
 - b. No
 - c. I don't know

Display Logic: If (a) or (c) is selected for Q18

Multiple choice, single answer, required

21. Have you received a drug treatment for diagnosed or suspected COVID-19?
- a. Yes, I received a drug treatment in a hospital
 - b. Yes, I received a drug treatment from a medical doctor, but I was not hospitalized
 - c. Yes, I received a drug treatment, but not from a medical doctor (please describe): [Text Box]
 - d. No
 - e. I don't know

Display Logic: If (a) or (c) is selected for Q3, or if (a) or (b) is selected for Q5, or if (a) is selected for Q9

Multiple choice, single answer, required

22. Have you participated in a clinical trial to test treatments or preventative measures for COVID-19?
- a. Yes
 - b. No
 - c. I don't know

Multiple choice, multiple answer, required

23. As of April 2020, no medications have yet been scientifically proven to be effective against COVID-19, although some are being tested in clinical trials. Were you given any of the following medications as investigational treatment for COVID-19? (Select all that apply)

- a. Remdesivir
- b. Amantadine
- c. Chloroquine (Aralen)
- d. Hydroxychloroquine (Plaquenil)
- e. Convalescent plasma therapy (plasma from someone that has been infected)
- f. Immunoglobulin therapy (IVIG)
- g. Tocilizumab (an antibody against IL-6)
- h. Favipiravir (Avigan)
- i. Lopinavir/Ritonavir (Kaletra)
- j. Azithromycin (Zithromax or Z-Pak)
- k. Losartan
- l. Mavrilinumab
- m. Hyperbaric oxygen
- n. Nitric oxide
- o. Ascorbic acid & zinc
- p. Linagliptin
- q. Baricitinib
- r. Tranexamic acid tablets
- s. Other (please describe): [Text Box]
- t. I don't know

Display Logic: If (a), (b), or (c) is selected for Q21, or if (a) is selected for 22

Scale, multiple answer, single answer required per row

24. While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinson's disease related symptoms?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This was a new symptom
Problems with walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking or tremor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiffness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems swallowing pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems eating meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced OFF time - a period during which PD medication(s) are not working as well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display Logic: If (a) selected for Q1 AND [if (a) is selected for Q3; or if (a), (b), or (d) selected for Q5; or if (a) selected for Q16]

Scale, multiple answer, single answer required per row

25. While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinson's disease related symptoms?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This was a new symptom
Difficulty sleeping (insomnia) - trouble getting to sleep or staying asleep through the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive sleepiness - trouble staying awake during the daytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting out your dreams while asleep - punching, flailing your arms in the air, making running movements, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognition - trouble thinking clearly, remembering things, and being attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory - trouble remembering things and/or trouble handling complicated problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion - not knowing where you are, the date/time, who familiar people are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations - hearing, seeing, feeling, tasting or smelling something that wasn't really there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety - feeling nervous, worried, or tense more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue - physical and mental state of having extremely low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apathy - decreased motivation, initiative, or spontaneity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display Logic: If (a) selected for Q1 AND [if (a) is selected for Q3; or if (a), (b), or (d) selected for Q5; or if (a) selected for Q16]

Scale, multiple answer, single answer required per row

26. While you were sick with a diagnosed or suspected case of COVID-19, did you experience any changes in your Parkinson’s disease related symptoms?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This was a new symptom
Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or urine accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation - fewer than three bowel movements a week or having to strain to pass a stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display Logic: If (a) selected for Q1 AND [if (a) is selected for Q3; or if (a), (b), or (d) selected for Q5; or (a) selected for Q16]

Multiple choice, single answer, required

27. Do you regularly take the medication amantadine for your Parkinson’s disease symptoms?

- a. Yes
- b. No
- c. I don’t know

Display Logic: if (a) is selected for Q1

Drop down, single-answer, required

28. How many months have you taken amantadine for your Parkinson’s disease symptoms?

[Drop-down of variables from 1-12 months, more than 12 months, and “I don’t know”]

Display Logic: if (a) is selected for Q1 AND (a) is selected for Q27

Multiple choice, multiple answer, required

29. Please tell us if any of the following apply to **you** since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)

- a. Traveled to areas that had or later received a travel advisory because of a high number of COVID-19 cases
- b. Spent time on a ship with confirmed COVID-19 cases
- c. Lived in an area that received a “stay at home” advisory/mandate (areas where non-essential activity outside the home is not permitted or has been limited)
- d. Worked as a healthcare professional with clinical duties
- e. Worked as a first responder, such as fire, police, emergency services
- f. Worked in an adult care, assisted living, or skilled nursing facility
- g. Worked in a child care facility or school
- h. Worked in an industry deemed “essential”
- i. Frequent visitor to an adult care, assisted living, or skilled nursing facility
- j. None of the above

Multiple choice, multiple answer, required

30. Please tell us if anyone **in your household (not including yourself)** met the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)
- Had a confirmed COVID-19 diagnosis from a medical professional
 - Had a suspected COVID-19 diagnosis from a medical professional
 - Had COVID-19 symptoms
 - Traveled to areas that had or later received a travel advisory because of a high number of COVID-19 cases
 - Spent time on a ship with confirmed COVID-19 cases
 - Lived in an area that received a “stay at home” advisory/mandate (areas where non-essential activity outside the home is not permitted or has been limited)
 - Worked as a healthcare professional with clinical duties
 - Worked as a first responder, such as fire, police, emergency services
 - Worked in an adult care assisted living, or skilled nursing facility
 - Worked in a child care facility or school
 - Worked in an industry deemed “essential”
 - Frequent visitor to an adult care, assisted living, or skilled nursing facility
 - None of the above

Multiple choice, multiple answer, required

31. Please tell us if you have had **other close contact** with anyone meeting the following criteria since the COVID-19 pandemic began (December 31, 2019): (Select all that apply)
- Had a confirmed COVID-19 diagnosis from a medical professional
 - Had a suspected COVID-19 diagnosis from a medical professional
 - Had COVID-19 symptoms
 - Traveled to areas that had or later received a travel advisory because of a high number of COVID-19 cases
 - Spent time on a ship with confirmed COVID-19 cases
 - Lived in an area that received a “stay at home” advisory/mandate (areas where non-essential activity outside the home is not permitted or has been limited)
 - Worked as a healthcare professional with clinical duties
 - Worked as a first responder, such as fire, police, emergency services
 - Worked in an adult care assisted living, or skilled nursing facility
 - Worked in a child care facility or school
 - Worked in an industry deemed “essential”
 - Frequent visitor to an adult care, assisted living, or skilled nursing facility
 - None of the above

Multiple choice, single answer, required

32. Have you been instructed by a health care professional to quarantine or self-isolate since the COVID-19 pandemic began (December 31, 2019)?
- Yes
 - No
 - I don't know

Skip Logic: If (b) or (c) is selected, skip to Q34

Multiple choice, single answer, required

33. How long did you have to be in quarantine or self-isolation?
- One week or less
 - Between 8 and 14 days
 - Between 15 and 21 days
 - More than 21 days

Display Logic: If (a) is selected for Q32

Multiple choice, single answer, required

34. Please tell us a little about where you currently live:
- Single family home or mobile home
 - Apartment or co-op
 - Living in a dormitory, military barracks, religious order, or other shared living environment
 - Senior independent living facility
 - Assisted living facility
 - Skilled nursing facility
 - Currently experiencing housing insecurity or homelessness
 - Other (please describe): [Text Box]

Drop-down, single answer, required

35. How many people live (or are currently staying) in your household **including yourself?**
[Drop-down of variables from 1-15 people, More than 15 people]

Display Logic: If (a) or (b) selected for Q34

Multiple choice, single answer, required

36. What is the approximate number of people living in your facility **including yourself?**
- 1-10 people
 - 11-30 people
 - 31-50 people
 - More than 50 people

Display Logic: If (c), (d), (e), or (f) is selected for Q34

Text entry, single answer, required

37. What are the first 3 numbers/letters of your zip code or postal code?
[Text Box]

Multiple choice, single answer, required

38. Please describe the area/region you live in:
- City or large metropolitan area
 - Town or village
 - Rural
 - Other

Multiple choice, multiple answer, required

39. Please select any of the following behaviors or conditions that you currently have or previously had in the past: (Select all that apply)
- Current smoker
 - Former smoker
 - Heart disease
 - High blood pressure
 - Chronic lung disease (for example: asthma, chronic obstructive pulmonary disease (COPD), emphysema, etc.)
 - Diabetes mellitus
 - HIV or AIDS
 - Had chemotherapy within the past year
 - Taking steroid medications by mouth
 - Taking immune suppressing medication, such as those to treat for rheumatoid arthritis or inflammatory bowel disease
 - None of the above

Multiple choice, multiple answer, required

40. Have you been diagnosed with another viral or respiratory illness, other than COVID-19, since the COVID-19 pandemic began (December 31, 2019)? (Select all that apply)
- Yes, influenza (flu)
 - Yes, another respiratory illness (please describe): [Text Box]
 - Yes, strep throat
 - Yes, other (please describe): [Text Box]
 - No
 - I don't know

Social Distancing, Local Guidelines, and Other Factors (Header is Participant-Facing)

Social distancing, also known as “physical distancing,” is defined by the Centers for Disease Control as keeping space between yourself and other people outside of your home. Many people are practicing **social distancing behaviors** such as remaining 6 feet from anyone not in their household, only leaving the house for essential reasons, not gathering in groups, etc.

Multiple choice, single answer, required

41. Have you practiced social distancing behaviors since the COVID-19 pandemic began or since local guidelines were implemented in your area?
- Yes, most or all of the time
 - Yes, some of the time
 - No

Multiple choice, multiple answer, required

42. When you have gone out in public, have you worn any protective accessories **more than half of the time** since the COVID-19 pandemic began or since local guidelines were implemented in your area? (Select all that apply)
- Yes, protective gloves
 - Yes, face covering or mask
 - No, I have not worn protective accessories
 - No, I have not gone out in public since the COVID-19 pandemic began

Multiple choice, multiple answer, required

43. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Was your ability to receive medical care affected? (Select all that apply)

- a. Yes, I have had to cancel healthcare appointments
- b. Yes, I have attended some healthcare appointments through telemedicine (video) or a phone call
- c. Yes, I have lost or had to reduce in-home care services
- d. No, I did not have any appointments scheduled
- e. No, I had appointments scheduled and kept them
- f. No, I did not lose or have to reduce in-home care services

Multiple choice, single answer, required

44. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Was your ability to obtain medications for your Parkinson's disease affected?

- a. Yes
- b. No
- c. I don't know

Display Logic: If (a) is selected for Q1

Multiple choice, multiple answer, required

45. Social distancing and local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Which of the following treatments related to your Parkinson's disease were cancelled or postponed as a result of the COVID-19 pandemic? (Select all that apply)

- a. Botulinum toxin (Botox) injections
- b. Deep Brain Stimulation (DBS) surgery
- c. Deep Brain Stimulation (DBS) battery replacement
- d. Deep Brain Stimulation (DBS) programming
- e. Other (please describe): [Text Box]
- f. None of the above

Display Logic: If (a) is selected for Q1

Scale, single answer per row, required

46. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Have you had to cancel, postpone, or alter (where “alter” means conduct via phone, video, online, or from a distance) any of the following activities?

	Cancelled	Postponed	Conducted via alternative method(s)	Not applicable
Physical therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support group attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person clinical research visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical appointments unrelated to Parkinson’s disease (e.g., cataract surgery, colonoscopy, dental visit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Scale, multiple answer, single answer required per row

47. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinson's disease related symptoms as a result of social distancing, local guidelines, or other factors?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This was a new symptom
Problems with walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking or tremor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stiffness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems swallowing pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems eating meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced OFF time - a period during which PD medication(s) are not working as well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced dyskinesia - uncontrolled, involuntary movements such as fidgeting, writhing, wriggling, head bobbing, or body swaying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display Logic: If (a) is selected for Q1

Scale, multiple answer, single answer required per row

48. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinson's disease related symptoms as a result of social distancing, local guidelines, or other factors?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This was a new symptom
Difficulty sleeping (insomnia) - trouble getting to sleep or staying asleep through the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive sleepiness - trouble staying awake during the daytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acting out your dreams while asleep - punching, flailing your arms in the air, making running movements, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognition - trouble thinking clearly, remembering things, and being attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory - trouble remembering things and/or trouble handling complicated problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion - not knowing where you are, the date/time, who familiar people are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations - hearing, seeing, feeling, tasting or smelling something that wasn't really there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety - feeling nervous, worried, or tense more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression - periods of sadness, hopelessness, emptiness, or loss of enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue - physical and mental state of having extremely low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apathy - decreased motivation, initiative, or spontaneity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display Logic: If (a) is selected for Q1

Scale, multiple answer, single answer required per row

49. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Since the COVID-19 pandemic began (December 31, 2019), did you experience any changes in your Parkinson's disease related symptoms as a result of social distancing, local guidelines, or other factors?

	I did not have this symptom	I had this symptom and it became worse	I had this symptom, but it did not change	I had this symptom and it became better	This was a new symptom
Urinary problems - feeling an urgent need to urinate, a need to urinate too often, or urine accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low blood pressure - feeling light-headed when standing up or sitting up after lying down, sitting, or squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation - less than three bowel movements a week or having to strain to pass a stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display Logic: If (a) is selected for Q1

Multiple choice, multiple answer, required

50. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life.

Have you experienced a disruption in any of the following services? (Select all that apply)

- a. I had problems getting food
- b. I had problems getting household essentials (toilet paper, cleaning supplies, etc.)
- c. I had problems getting my medication(s) from the pharmacy
- d. I had problems getting help with my usual homecare/housekeeping
- e. I had problems getting help with my usual personal care assistance
- f. None of the above

Multiple choice, single answer, required

51. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Has your work been affected?

- a. I was retired prior to the pandemic
- b. I was not working prior to the pandemic
- c. I have been laid off during the pandemic
- d. I am still employed but have had to stop all work-related activities
- e. I am still employed and have been able to continue at least some work from home
- f. My work has not changed since the pandemic started
- g. None of the above

Multiple choice, single answer, required

52. Social distancing, local guidelines, and other factors related to the COVID-19 pandemic may have affected your everyday life. Have your **household finances** been negatively impacted?
- Yes
 - No
 - I don't know

Multiple choice, multiple answer, required

53. How have your **household finances** been impacted? (Select all that apply)
- Household income declined
 - Household savings or retirement funds declined
 - Difficulty paying rent or mortgage
 - Difficulty paying other bills
 - Other (please describe): [Text Box]

Display Logic: If (a) is selected for Q52

Multiple choice, single answer, required

54. Factors related to the COVID-19 pandemic may have impacted attitudes towards research. Has the COVID-19 pandemic changed your likelihood of participation in clinical research or clinical trials?
- Yes
 - No
 - Maybe

Skip Logic: If (b), skip to Q55

Multiple choice, single answer, required

55. How has the COVID-19 pandemic changed your likelihood of participation in clinical research or clinical trials?
- I am more likely than before to participate in research
 - I am less likely than before to participate in research

Multiple choice, single answer, required

56. After the COVID-19 pandemic is over, what is the likelihood that you would participate in clinical research or clinical trials?
- Not at all likely
 - Not likely
 - Neutral
 - Somewhat likely
 - Very Likely

End of Survey

Thank you for sharing your experiences during the COVID-19 pandemic. **Please click on the next arrow below (>>) to submit your responses and be redirected to the Fox Insight website.**