

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