



PENINSULA
PRIVATE NEUROLOGY

Parkinson's Patients Questionnaire

1. Do you have any problems with sense of smell? If so, how long?
2. Do you have any problems with constipation? If so, how long?
3. Have you had any falls or trouble with balance?
4. Do you kick your bed partner at night or act out your dreams?
5. Do you have problems with fine motor skills (buttoning a shirt, cutting up your food, etc.)?
6. Is your voice softer?
7. Is your handwriting smaller?
8. Do you have tremor? Is it worse at rest or when you are doing something?
9. Any change in you personality, mood, loss of interest?
10. Any cognitive problems? Memory, Attention?
11. Do you have any problems with too much sweating, drooling, swallowing trouble?
12. Do you feel stiff? Do you feel slow?
13. Do you have trouble sleeping? Are you tired throughout the day?
14. Do you have any hallucinations? Are they visual or auditory?