



RESOURCE USAGE

Your use of health and social services due to Parkinson's Disease

We would like to know how much use you have made of the health and social services **over the last 12 months** because of your Parkinson's disease. If you are not exactly sure, we would rather have your best guess than no information at all.

Please answer every question, even if the answer is "0".

1. Over the last 12 months, how many times have you:

- Been seen by your GP ?
- Been seen by a practice nurse ?
- Been seen by a Parkinson's disease nurse?
- Been seen by a health visitor ?
- Been seen by a social worker?
- Been seen by a physiotherapist?
- Been seen by a occupational therapist?
- Been seen by a speech/language therapist?
- Visited a day hospital?
- Visited a hospital out-patient clinic?

1yr 2yr 3yr 4yr 5yr
(please circle as appropriate)

PD MED Trial Number

Patient Initials:

Date of Birth: / /

Trial office use only

Date Sent: / /

Date Received: / /

Date Entered: / /

2.If you have had any overnight hospital stays because of your Parkinson's disease, please state the total number of nights in the last 12 months, for respite or treatment.

Total number of nights

Please give the reasons:

Respite Care

Treatment

3. Over the last 12 months, have you used or received the following services?

- | | | | | |
|---------------------|-----------------------------|------------------------------|----------------------------------|---|
| Home care/home help | No <input type="checkbox"/> | Yes <input type="checkbox"/> | If yes, how many times per week? | <input style="width: 40px; height: 20px;" type="text"/> |
| Meals on wheels | No <input type="checkbox"/> | Yes <input type="checkbox"/> | If yes, how many times per week? | <input style="width: 40px; height: 20px;" type="text"/> |
| Day centre | No <input type="checkbox"/> | Yes <input type="checkbox"/> | If yes, how many times per week? | <input style="width: 40px; height: 20px;" type="text"/> |
| Luncheon Club | No <input type="checkbox"/> | Yes <input type="checkbox"/> | If yes, how many times per week? | <input style="width: 40px; height: 20px;" type="text"/> |
| Sitting Service | No <input type="checkbox"/> | Yes <input type="checkbox"/> | If yes, how many times per week? | <input style="width: 40px; height: 20px;" type="text"/> |
| Night Care | No <input type="checkbox"/> | Yes <input type="checkbox"/> | If yes, how many times per week? | <input style="width: 40px; height: 20px;" type="text"/> |

4. Over the last 12 months, have you consulted a private practitioner such as an Acupuncturist, Aromatherapist or Reflexologist as a result of your Parkinson's disease?

No Yes If Yes, please state how many times:

5. Are you currently in paid employment? No Yes

If Yes, **due to your Parkinson's disease** have you had to reduce the number of hours per week you work over the last 12 months? *(please tick only one).*

No, I work the same hours. Please state how many hours this is

Yes, I have had to reduce my hours by hours per week.

Yes, I have had to stop work completely.

If you are not employed: **due to your Parkinson's disease**, in the last 12 months have you had to reduce the number of hours per week you spend carrying out your normal daily activities?

No Yes I have had to reduce my hours by hours per week.

6. Do you have regular carers who are family members or friends? No Yes

If Yes, please state how many family/friends carers you have in total

Please state relationship of main carer: _____

In the last 12 months, please state how many hours on average each carer has spent caring for you per week:

Main carer: hours per week

Other carer: hours per week

Other carer: hours per week

Other carer: hours per week

7. Are you currently receiving benefits? No Yes

If Yes, what level have you been receiving in the last 12 months?

Low Medium High

8. If you would like to tell us about any costs incurred because of your Parkinson's disease over the last 12 months, please write them here.

Please return this form, with the others, in the FREEPOST envelope provided.