

DBS Initial Consultation Questionnaire: Parkinson's Disease
UCLA Neurosurgical Movement Disorders Program

Parkinson's History

Which hand is your dominant hand? Right Left Ambidextrous

What year were you first diagnosed with Parkinson's Disease? _____

What year do you think you first had symptoms of Parkinson's Disease? _____

What do you think or recall were your first symptoms of Parkinson's Disease?

Have you ever been told you might have:

Atypical Parkinson's	Yes	No
Parkinson's Plus	Yes	No
Corticobasal degeneration	Yes	No
PSP, or progressive supranuclear palsy	Yes	No
Multiple System Atrophy	Yes	No
Dementia (either Alzheimer's or Lewy Body)	Yes	No

Medications

What medications do you currently take for your Parkinson's Disease (OK to attach list)?

Name	Dose	Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other medications have you tried in the past?

Name	Maximum Dose
_____	_____
_____	_____
_____	_____

Does Sinemet (levodopa) help you when you take it (even if not long)? Yes No

What symptoms are improved with Sinemet? _____

If you do not take Sinemet (carbidopa/levodopa), why not? _____

Symptom Questionnaire

Please rate each symptom on a scale 1-5 as indicated

Scale:	<u>Not at a problem at all</u>		<u>Moderate Problem</u>		<u>Dominant Problem</u>
	1	2	3	4	5

1. **Tremor**

	1	2	3	4	5
<i>When do you tremor?</i>	At rest	With movement	Both	Never/Not applicable	
<i>Which side tremors more?</i>	Left	Right			

2. **Slowness of movements**

	1	2	3	4	5
<i>Which side is more "slow"?</i>	Left	Right			

3. **Muscle stiffness (rigidity)**

	1	2	3	4	5
<i>Which side is more "stiff"?</i>	Left	Right			

4. **"Off" times**

	1	2	3	4	5
<i>("Off time" refers to times of the day when your Parkinson's medications are just not working)</i>					
<i>What percent of your day are you "off"?</i>	_____ %				

5. **"On" time dyskinesias**

	1	2	3	4	5
<i>("Dyskinesias" are <u>excessive</u> movements that can occur that may occur when you take Parkinson's meds)</i>					
<i>What percent of your day do you estimate is "on" with dyskinesias?</i>	_____ %				

6. **Freezing "on" medications**

	1	2	3	4	5
<i>("Freezing" refers to your feet getting stuck when you try to walk)</i>					

7. **Freezing "off" medications**

	1	2	3	4	5
--	---	---	---	---	---

8. **Falls**

	1	2	3	4	5
<i>How often do you fall (e.g., once a week)?</i>	_____				

9. **Loss of bladder/bowel control**

	1	2	3	4	5
--	---	---	---	---	---

10. **Balance problems**

	1	2	3	4	5
--	---	---	---	---	---

11. **Changes in memory**

	1	2	3	4	5
--	---	---	---	---	---

Other potential medical/psychological issues

Do you have or have you ever had?

Depression Yes No

If yes, are you current having symptoms? Yes No

If yes, are you being treated? Yes No

Hallucinations Yes No

If yes, are you current having hallucinations? Yes No

If yes, were these medication related? Yes No

Constipation Yes No

Loss of smell Yes No

Vivid dreams Yes No

Talking in sleep Yes No

Quality of Life

Are your Parkinson's symptoms affecting your quality of life? Yes No

What activity do you want to do that you currently cannot because of your Parkinson's symptoms? What prevents you from doing this activity? _____

Is there someone who helps you with your daily life? Who? _____

Surgical expectations

Which of your Parkinson's symptoms do you expect might get better with surgery?
