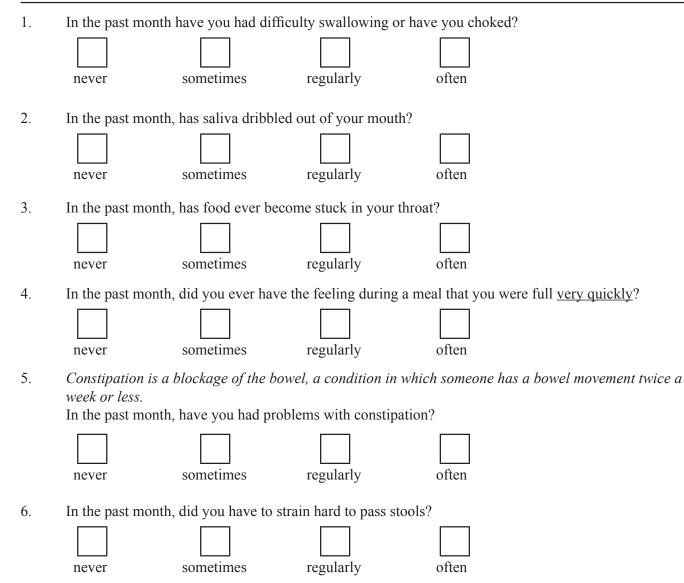
SCOI	PA	1 3 2	PPMI		52	Pa	ige 1 of	5
SUBJECT ID					VISIT NO	>		
INITIALS		SITE NO						
				MM	DD	Y	YYY	
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A. Source of Information: 1 = Patient, 2 = Caregiver, 3 = Patient and caregiver

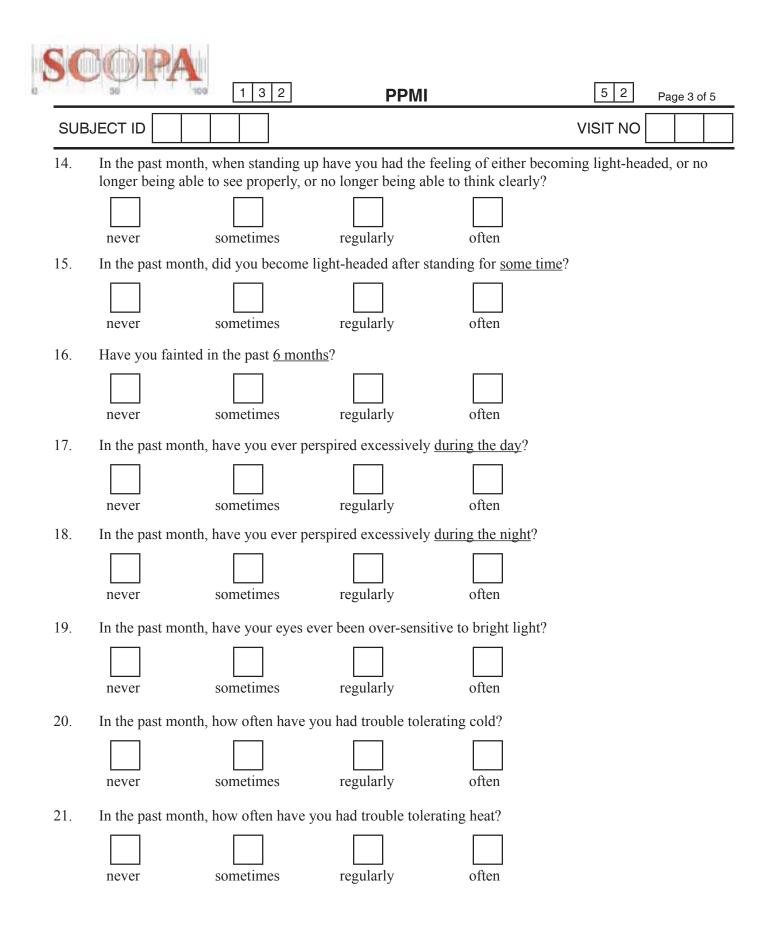
SCOPA-AUT

By means of this questionnaire, we would like to find out to what extent <u>in the past month</u> you have had problems with various bodily functions, such as difficulty passing urine, or excessive sweating. Answer the questions by placing a cross in the box which best reflects your situation. If you wish to change an answer, fill in the 'wrong' box and place a cross in the correct one. If you have used medication in the past month in relation to one or more of the problems mentioned, then the question refers to how you were <u>while taking</u> this medication. You can note the use of medication on the last page.



A. |

S	OMP/					
	50	1 3 2	PPMI		5 2 Page 2 of 5	5
SU	BJECT ID				VISIT NO	
7.	In the past mo never	onth, have you had inv	voluntary loss of stool regularly	ls?		
1	by placing a cros	s in the box <i>"use cath</i>	eter".	-	er you can indicate this	
8.	never	onth, have you had dif	regularly	often	use catheter	
9.	In the past mo never	onth, have you had inv	voluntary loss of uring regularly	e?	use catheter	
10.	In the past mo empty?	onth, have you had the sometimes	e feeling that after pas	often	bladder was not completely	
11.	In the past mo	onth, has the stream of sometimes	f urine been weak?	often	use catheter	
12.	In the past mo never	onth, have you had to	pass urine again with	in 2 hours of the	e previous time?	
13.	In the past mo never	onth, have you had to	pass urine <u>at night</u> ?	often	use catheter	



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The following questions are about sexuality. Although we are aware that sexuality is a highly intimate subject, we would still like you to answer these questions. For the questions on sexual activity, consider every form of sexual contact with a partner or masturbation (self-gratification). An extra response option has been added to these questions. Here you can indicate that the situation described has <u>not been applicable</u> to you in the past month, for example because you have not been sexually active. Questions <u>22 and 23</u> are intended specifically for men, 24 and 25 for women.

The following 3 questions are only for men

22. In the past month, have you been impotent (unable to have or maintain an erection)?

	never	sometimes	regularly	often	not
					applicable
23.	In the past m	onth, how often have	you been unable to e	ejaculate?	
	never	sometimes	regularly	often	not
					applicable
23a.	In the past m	onth, have you taken r	nedication for an ere	ection disorder? (If so, which medication?)
	r	10	yes:		
			Proceed with quest	tion 26	
		The follow	ving 2 questions are	e only for wome	1
24.	In the past m	onth, was your vagina	too dry during sexu	al activity?	
	never	sometimes	regularly	often	not applicable
25.	In the past m	onth, have you had dif	ficulty reaching an o	orgasm?	
	never	sometimes	regularly	often	not applicable

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The following questions are for everyone

26. In the past month, have you used medication for: constipation? a. no yes: urinary problems? b. no yes:_ blood pressure? c. no yes:_ d. other symptoms (not symptoms related no yes:_ to Parkinson's disease)

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Visser M, Marinus J, Stiggelbout AM, van Hilten JJ. Assessment of autonomic dysfunction in Parkinson's disease: The SCOPA-AUT. Mov Disord. 2004;19:1306-12.

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