

PPMI (TAP-PD)

1 3 2

OPDM USE QUESTIONNAIRE

8 0

SUBJECT ID

VISIT NO

INITIALS

SITE NO

VISIT DATE

MM

DD

YYYY

Please respond to the questions below to tell us about your experience with the use of the OPDM home dexterity device.

1. How hard was it to understand the directions for using the OPDM dexterity device? 1.
0 = Not at all hard to understand
1 = A little bit hard to understand
2 = Moderately hard to understand
3 = Very hard to understand

2. How confident were you that you were doing the tasks correctly? 2.
0 = Not at all confident
1 = A little bit confident
2 = Moderately confident
3 = Very confident

3. Did doing the OPDM dexterity tasks at home fit into your regular schedule? 3.
0 = It was easy to fit into my day
1 = I had a little trouble fitting it into my day
2 = It was moderately difficult to fit into my day
3 = It was very difficult to fit into my day

4. Did you need to be reminded (by family members or study staff) to complete the OPDM dexterity device tasks? 4.
0 = Not at all
1 = Rarely (1 or 2 times)
2 = Sometimes (3 - 5 times)
3 = Often (more than 5 times)

5. Did doing the OPDM dexterity tasks at home change the way you felt about participating in the main PPMI study? 5.
0 = Felt a lot more negative
1 = Felt a little more negative
2 = No change
3 = Felt a little more positive
4 = Felt a lot more positive