

Form Instructions

By means of this questionnaire, we would like to find out to what extent in the past month you have had problems with various bodily functions, such as difficulty passing urine, or excessive sweating....

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Assessment Date

10/26/2020



A. Source of Information:



Participant

Caregiver

Participant and Caregiver

1. In the past month, have you had difficulty swallowing or have you choked?



Never

Sometimes

Regularly

Often

2. In the past month, has saliva dribbled out of your mouth?



Never

Sometimes

Regularly

Often

3. In the past month, has food ever become stuck in your throat?



Never

Sometimes

Regularly

Often

4. In the past month, did you ever have the feeling during a meal that you were full very quickly? :

Never

Sometimes

Regularly

Often

5. In the past month, have you had problems with constipation? :

Constipation is a blockage of the bowel, a condition in which someone has a bowel movement twice a week or less.

Never

Sometimes

Regularly

Often

6. In the past month, did you have to strain hard to pass stools? :

Never

Sometimes

Regularly

Often

7. In the past month, have you had involuntary loss of stools? :

Never

Sometimes

Regularly

Often

Questions 8 to 13 deal with problems with passing urine. If you use a catheter you can indicate this by selecting "use catheter".

8. In the past month, have you had difficulty retaining urine?

Never

Sometimes



Regularly

Often

Use catheter

9. In the past month, have you had involuntary loss of urine?



Never

Sometimes

Regularly

Often

Use catheter

10. In the past month, have you had the feeling that after passing urine your bladder was not completely empty?



Never

Sometimes

Regularly

Often

Use catheter

11. In the past month, has the stream of urine been weak?



Never

Sometimes

Regularly

Often

Use catheter

12. In the past month, have you had to pass urine again within 2 hours of the previous time?



Never

Sometimes

Regularly

Often

Use catheter

13. In the past month, have you had to pass urine at night?



Never

Sometimes

Regularly

Often

Use catheter

14. In the past month, when standing up have you had the feeling of either becoming lightheaded, or no longer being able to see properly, or no longer being able to think clearly?



Never

Sometimes

Regularly

Often

15. In the past month, did you become light-headed after standing for some time?



Never

Sometimes

Regularly

Often

16. Have you fainted in the past 6 months?



Never

Sometimes

Regularly

Often

17. In the past month, have you ever perspired excessively during the day?



Never

Sometimes

Regularly

Often

18. In the past month, have you ever perspired excessively during the night? ⋮

Never

Sometimes

Regularly

Often

19. In the past month, have your eyes ever been over-sensitive to bright light? ⋮

Never

Sometimes

Regularly

Often

20. In the past month, how often have you had trouble tolerating cold? ⋮

Never

Sometimes

Regularly

Often

21. In the past month, how often have you had trouble tolerating heat? ⋮

Never

Sometimes

Regularly

Often

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 not been applicable to you in the past month, for example because you have not been sexually active. Questions 22 and 23 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 month, how often have you been unable to ejaculate?



Never

Sometimes

Regularly

Often

Not Applicable

23a. In the past month, have you taken medication for an erection disorder? (If so, which medication?)



No

Yes

If yes, specify:



Input text

Proceed with Question 26

The following questions are only for women

24. In the past month, was your vagina too dry during sexual activity?



Never

Sometimes

Regularly

Often

Not Applicable

25. In the past month, have you had difficulty reaching an orgasm?



Never

Sometimes

Regularly

Often

Not Applicable

The following questions are for everyone

The questions below are about the use of medication for which you may have or have not needed a doctor's prescription. If you use medication, also give the name of the substance.

26. In the past month, have you used medication for:

a. constipation?



No

Yes

If yes, specify:



Input text

b. urinary problems?

No

Yes

If yes, specify:

Input text

c. blood pressure?

No

Yes

If yes, specify:

Input text

d. other symptoms? *(not related to Parkinson's disease)*

No

Yes

If yes, specify:

Input text

