



Parkinson's Disease Diagnosis, Perceptions, Awareness, and Care in Kenya

Introduction and Consent.

Hello, my name is.....and I am working with the African Population and Health Research Center (APHRC). We are conducting a research study to assess the prevalence and diagnosis of Parkinson's disease (PD) and explore the awareness, perceptions, and care for people with PD in this hospital. To do this, the participant or patient will be interviewed using a standardized PD questionnaire. Your participation in this research is completely voluntary. You may also refuse to answer any question that you do not want to answer, and no harm will occur to you or anyone in your family regardless of your participation decision. The information that you provide will be completely confidential. Your responses will be combined with the answers of other respondents involved in the study and reported in such a way that you will not be identified. The interview will take less than 20 minutes.

1.0 Background

1.1 Start Time

1.2 Interviewer's name

1.3 Date of Interview

1.4 Participant's ID (file number)

1.4a. Telephone Number

1.4b. Date of birth

1.5a Age (years)

1.5b Sex

a) Male

b) Female

1.6 Marital status

| |
|---|
| <ul style="list-style-type: none"> a) Co habiting b) Married c) Divorced/separated d) Widowed e) Never Married |
| 1.7 Level of education |
| a) No formal education |
| b) Primary |
| c) Secondary |
| d) Tertiary |
| 1.8 What is your ethnic background? |
| <ul style="list-style-type: none"> a) Kikuyu b) Luhya c) Luo d) Kamba e) Kalenjin f) Kisii g) Taita h) Others (Specify) |
| 1.9 What is your religious background? |
| <ul style="list-style-type: none"> a) Hindu b) Christian c) Muslim d) Traditional e) Others (specify) |
| 2.0. Medical History |
| 2.0.1. Has a doctor ever told you that you have the following conditions? Or Have you been taking any medications, vitamins, or supplements for the following conditions? |
| 2.0.2 Hypertension |
| <ul style="list-style-type: none"> a) Yes b) No |
| 2.0.2. Diabetes |
| <ul style="list-style-type: none"> a) Yes b) No |
| 2.0.3. Cardiovascular diseases |
| <ul style="list-style-type: none"> a) Yes b) No |
| 2.0.4. Stroke |
| <ul style="list-style-type: none"> a) Yes |

| |
|--|
| b) No |
| 2.0.5. Cancers a) Yes b) No |
| 2.0.6. Kidney diseases a) Yes b) No |
| 2.0.7. Chronic respiratory a) Yes b) No |
| 2.0.8. Asthma a) Yes b) No |
| 2.0.9. Insomnia a) Yes b) No |
| 2.0.10. Arthritis/ Rheumatism a) Yes b) No |
| 2.0.11. Ulcer a) Yes b) No |
| 2.0.12. Dementia a) Yes b) No |
| 2.0.13. Epilepsy a) Yes b) No |
| 2.0.14. Psychosis a) Yes b) No |

| 2.1 Screening questions | Response option | | |
|--|-----------------|-----|------------|
| | No | Yes | Don't know |
| Item | | | |
| 2.1.1 Have you ever noticed stiffness in your legs? | [] | [] | [] |
| 2.1.2. Have you ever had tremors of your head, arm, or legs that lasted more than 1 day? | [] | [] | [] |

| | | | |
|--|-----|-----|-----|
| 2.1.3. Do you have trouble buttoning buttons or dressing? | [] | [] | [] |
| 2.1.4. Have you or others noted that you do not swing one arm when you walk? | [] | [] | [] |
| 2.1.5. Do your feet seem to get stuck to the floor when walking or turning? | [] | [] | [] |
| 2.1.6. Have you become slower in your usual daily activities? | [] | [] | [] |
| 2.1.7. Are you taking any medication ? | [] | [] | [] |
| | | | |

2.1.8 If yes which ones ?

(take a picture of the medicine /prescription)