

Parkinson's Disease (PD) Questionnaire (PDQ) for screening PD(Household survey tool)

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| 1.0 Socio-Demographics |
| 1.1 Start Time |
| 1.2 Interviewer's Code |
| 1.3 Date of Interview |
| 1.4 A. County |
| a) Nairobi |
| 1.4B . Sub-county |
| a) Makadara |
| 1.4 C. Location |
| a) Viwandani |
| b) Korogocho |
| 1.5 Household ID |
| 1.6 Household head name |
| 1.7 ID of the room where the household head sleeps |
| 1.8 Household head's ID |
| 1.8 a. How long have you lived in this area? |
| a) under 1 year |
| b) over 1 year |
| 1.8 a.1 if under 1 year, how many months? |
| 1.8 a.2 if over 1 year, how many years ? |
| 1.9 Participant's ID |
| 2.0 Age (years) |
| 2.1 Gender |
| a) Male |
| b) Female |
| 2.2 Marital status |
| a) Married |
| b) Divorced/separated |
| c) Widowed |
| d) Never Married |
| 2.3 Level of education |
| a) Primary |
| b) Secondary |
| c) Tertiary |
| d) No formal education |
| 2.4 What is your ethnic background? |
| a) Kikuyu |
| b) Luhya |
| c) Luo |
| d) Kamba |
| e) Kalenjin |
| f) Kisii |
| g) Taita |
| h) Others (Specify) |
| 2.5 .What is your religious background? |
| a) Hindu |
| b) Christian |
| c) Muslim |
| d) Traditional |
| e) Others (specify) |

2.6 Socio-Economic factors

2.6.1. Do you live with anyone else aside from your child/children? (Living arrangement)

- a) No
- b) Yes

2.6.2. What is the size of your household?

2.6.3. Are you currently employed or actively working?

- a) Public servant
- b) Private formal sector
- c) Subsistence farmer
- d) Large scale farmer
- e) Self-employed/small business
- f) Self-employed/large business
- g) Homemaker (housewife/husband)
- h) Student
- i) Retired
- j) Unemployed
- k) Casual Labour
- l) Others(specify)

2.6.4. Who supports you financially?

- a) Family
- b) Friends
- c) Government
- d) Others (specify)

2.6.5. How satisfied are you with support/remittances from your children?

- a) Very dissatisfied
- b) Dissatisfied
- c) Indifferent
- d) Satisfied
- e) Very satisfied
- f) Not applicable

2.6.6. Do you have an active National Health Insurance Fund (NHIF) card?

- a) Yes
- b) No

2.6.7. Here is a picture of a ladder. Please think of this ladder as a representation of the socioeconomic standing of people in your community. At the top of the ladder are those who are best off; they have the most money, the most education, and the most respected jobs. At the bottom are people who have the least money, the least education, and the least jobs.

Where would you place yourself on this ladder?



| |
|---|
| 2.7. Medical History |
| 2.7.1. 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? |
| 2.7.2 Hypertension a) Yes b) No |
| 2.7.2. Diabetes a) Yes b) No |
| 2.7.3. Cardiovascular diseases a) Yes b) No |
| 2.7.4. Stroke a) Yes b) No |
| 2.7.5. Cancers a) Yes b) No |
| 2.7.6. Kidney diseases a) Yes b) No |
| 2.7.7. Chronic respiratory a) Yes b) No |
| 2.7.8. Asthma a) Yes b) No |
| 2.7.9. Insomnia a) Yes b) No |
| 2.7.10. Arthritis/ Rheumatism a) Yes b) No |
| 2.7.11. Ulcer a) Yes b) No |
| 2.7.12. Dementia a) Yes b) No |
| 2.7.13. Epilepsy a) Yes b) No |
| 2.7.14. Psychosis a) Yes b) No |
| 2.7.15. Parkinson's a) Yes b) No |
| 2.7.16. Others specify |
| |

| 2.8 Parkinson's disease screening tool | Response option | | |
|--|-----------------|-----|------------|
| Item | No | Yes | Don't know |
| 2.8.1. Have you ever noticed stiffness in your legs? | [] | [] | [] |

| | | | |
|--|-----|-----|-----|
| 2.8.2. Have you ever had tremors of your head, arm, or legs that lasted more than 1 day? | [] | [] | [] |
| 2.8.3. Do you have trouble buttoning buttons or dressing? | [] | [] | [] |
| 2.8.4. Have you or others noted that you do not swing one arm when you walk? | [] | [] | [] |
| 2.8.5. Do your feet seem to get stuck to the floor when walking or turning? | [] | [] | [] |
| 2.8. 6. Have you become slower in your usual daily activities? | [] | [] | [] |

PDQ-39 QUESTIONNAIRE

| Questions and Filters | | Responses and Codes | | | | |
|-----------------------|--|---------------------|--------------|-----------|-------|---------------------------|
| 2.9 | <i>Due to having Parkinson's disease, how often during the last month have you...</i> | Never | Occasionally | Sometimes | Often | Always - Cannot do at all |
| 2.9.1 | Had difficulty doing leisure activities which you would like to do? | [1] | [2] | [3] | [4] | [5] |
| 2.9.2 | Had difficulty looking after your home, e.g., DIY, housework, cooking? | [1] | [2] | [3] | [4] | [5] |
| 2.9.3 | Had difficulty carrying bags of shopping? | [1] | [2] | [3] | [4] | [5] |
| 2.9.4 | Had problems walking half a mile(1km) ? | [1] | [2] | [3] | [4] | [5] |
| 2.9.5 | Had problems walking 100 yards (90 meters)? | [1] | [2] | [3] | [4] | [5] |
| 2.9.6 | Had problems getting around the house as easily as you would like? | [1] | [2] | [3] | [4] | [5] |
| 2.9.7 | Had difficulty getting around in public? | [1] | [2] | [3] | [4] | [5] |
| 2.9.8 | Needed someone else to accompany you when you went out? | [1] | [2] | [3] | [4] | [5] |
| 2.9.9 | Felt frightened or worried about falling over in public? | [1] | [2] | [3] | [4] | [5] |
| 2.9.10 | Been confined to the house more than you would like? | [1] | [2] | [3] | [4] | [5] |
| 2.9.11 | Had difficulty washing yourself? | [1] | [2] | [3] | [4] | [5] |
| 2.9.12 | Had difficulty dressing yourself? | [1] | [2] | [3] | [4] | [5] |
| 2.9.13 | Had problems doing up your shoelaces? | [1] | [2] | [3] | [4] | [5] |
| 2.9.14 | Had problems writing clearly? | [1] | [2] | [3] | [4] | [5] |
| 2.9.15 | Had difficulty cutting up your food? | [1] | [2] | [3] | [4] | [5] |
| 2.9.16 | Had difficulty holding a drink without spilling it? | [1] | [2] | [3] | [4] | [5] |
| 2.9.17 | Felt depressed? | [1] | [2] | [3] | [4] | [5] |
| 2.9.18 | Felt isolated and lonely? | [1] | [2] | [3] | [4] | [5] |
| 2.9.19 | Felt weepy or tearful? | [1] | [2] | [3] | [4] | [5] |
| 2.9.20 | Felt angry or bitter? | [1] | [2] | [3] | [4] | [5] |
| 2.9.21 | Felt anxious? | [1] | [2] | [3] | [4] | [5] |
| 2.9.22 | Felt worried about your future? | [1] | [2] | [3] | [4] | [5] |
| 2.9.23 | Felt you had to conceal your Parkinson's diagnosis from people? | [1] | [2] | [3] | [4] | [5] |
| 2.9.24 | Avoided situations that involve eating or drinking in public? | [1] | [2] | [3] | [4] | [5] |
| 2.9.25 | Felt embarrassed in public due to having Parkinson's disease? | [1] | [2] | [3] | [4] | [5] |
| 2.9.26 | Felt worried by other people's reactions to you? | [1] | [2] | [3] | [4] | [5] |
| 2.9.27 | Had problems with your close personal relationships? | [1] | [2] | [3] | [4] | [5] |
| 2.9.28 | Lacked support in the ways you need from your spouse or partner? <i>(If you do not have a spouse or partner tick here)</i> | [1] | [2] | [3] | [4] | [5] |
| 2.9.29 | Lacked support in the ways you need from your family or close friends? | [1] | [2] | [3] | [4] | [5] |
| 2.9.30 | Unexpectedly fallen asleep during the day? | [1] | [2] | [3] | [4] | [5] |
| 2.9.31 | Had problems with your concentration, e.g., when reading or watching TV? | [1] | [2] | [3] | [4] | [5] |
| 2.9.32 | Felt your memory was bad? | [1] | [2] | [3] | [4] | [5] |
| 2.9.33 | Had distressing dreams or hallucinations? | [1] | [2] | [3] | [4] | [5] |
| 2.9.34 | Had difficulty with your speech? | [1] | [2] | [3] | [4] | [5] |
| 2.9.35 | Felt unable to communicate with people properly? | [1] | [2] | [3] | [4] | [5] |
| 2.9.36 | Felt ignored by people? | [1] | [2] | [3] | [4] | [5] |
| 2.9.37 | Had painful muscle cramps or spasms? | [1] | [2] | [3] | [4] | [5] |
| 2.9.38 | Had aches and pains in your joints or body? | [1] | [2] | [3] | [4] | [5] |
| 2.9.39 | Felt unpleasantly hot or cold? | [1] | [2] | [3] | [4] | [5] |

HEALTH-RELATED QUALITY OF LIFE – HRQOL (THE EQ-5D-3L QUESTIONNAIRE)

| 3.0 | Five items referring to current problems | No problems | Moderate problems | Extreme problems |
|-------|--|-------------|-------------------|------------------|
| 3.0.1 | Mobility | [1] | [2] | [3] |
| 3.0.2 | Self-care | [1] | [2] | [3] |
| 3.0.3 | Usual activities | [1] | [2] | [3] |
| 3.0.4 | Pain/discomfort | [1] | [2] | [3] |
| 3.0.5 | Restlessness | [1] | [2] | [3] |

LUBBEN SOCIAL NETWORK SCALE – 6 Item Version (LSNS-6)

| Questions and Filters | | Responses and Codes | | | | | |
|-----------------------|---|---------------------|-----|-----|-----|-----|-----|
| | | None | 1 | 2 | 3-4 | 5-8 | ≥9 |
| 3.1 | FAMILY: <i>Considering the people to whom you are related</i> | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.1 | How many relatives do you see or hear from at least once a month? | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.2 | How many relatives do you feel close to, and can call on them for help? | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.3 | How many relatives do you feel at ease with whom you can talk about private matters? | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.4 | FRIENDS: <i>Considering all of your friends, including those who live in your neighborhood</i> | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.5 | How many of your friends do you see or hear from at least once a month? | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.6 | How many friends do you feel close to, and can call on them for help? | [0] | [1] | [2] | [3] | [4] | [5] |
| 3.1.7 | How many friends do you feel at ease with whom you can talk about private matters? | [0] | [1] | [2] | [3] | [4] | [5] |

LSNS-6 total score is an equally weighted sum of these six items. Scores range from 0 to 30. Family and Friend Subscales are an equally weighted sum of their three items, respectively. Subscales scores range from 0 to 15.

4.0 ANTHROPOMETRY MEASURE

Blood Pressure Readings from Screening Tool:

- a) Measurement 1: [pull_systolic_1]/[pull_diastolic_1]
- b) Measurement 2: [pull_systolic_2]/[pull_diastolic_2]
- c) Measurement 3: [pull_systolic_3]/[pull_diastolic_3]