PARTICIPANT DEMOGRAPHICS

Name: _____ Date of Birth: _____

Phone #: _____ Email _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Primary Care Physician: _____

Phone #:_____ Phone #: _____

MEDICAL INFORMATION

Date of Parkinson's diagnosis: _____

Neurologist: _____ Date of last visit: _____

Please check if you have experienced difficulty with any of the following in the last month:

- ○ Getting out of bed
- ○ Rising from a chair
- ○ Dressing
- ○ Bathing
- ○ Balance
- ○ Falls/Near falls
- ○ Walking
- ○ Penmanship
- ○ Typing
- ○ Speech
- ○ Concentration
- ○ Memory

Please check if you have experienced or been diagnosed with any of the following conditions:

- ○ Heart Disease
- ○ Diabetes
- ○ Hypertension
- ○ High Cholesterol
- ○ Seizures
- ○ Asthma
- ○ Stroke
- ○ Heart attack
- ○ Joint Replacement
- ○ Depression
- ○ Cancer
- ○ Pain_____

Please list any surgeries or other medical conditions not listed above.

_____

Please provide a list of your current medication, including dosage and frequency.

_____

_____

I, _____, affirm that I have listed all relevant health information to the best of my knowledge.

Signature:_____ Date:_____

OHIO UNIVERSITY DIVISION OF PHYSICAL THERAPY

WAIVER AND RELEASE OF LIABILITY

The Ohio University Division of Physical Therapy provides space and exercise instruction for community-dwelling individuals with parkinsonism subject to the individual agreeing to the following conditions. By signing this form you are agreeing to a waiver and release of liability – please read this form carefully.

I, the undersigned individual, understand and agree as follows:

1. I understand and agree that I am using the exercise facilities at Ohio University on a completely voluntary basis, and that I voluntarily assume any and all risk of injury or damages in connection with the use of such.

2. As with all personal exercise, I understand that I am responsible for monitoring my own condition prior to and during use of such exercise facilities. If any unusual symptoms occur, I will cease activity, inform the instructors of my condition and seek medical advice from my personal physician before participating in exercise.

3. I understand that my participation is for exercise purposes and not for clinical, medical, or rehabilitative purposes. I understand that Ohio University permitting me to use the exercise facilities under the direction of Ohio University Division of Physical Therapy does not make me a patient of Ohio University. I am not participating for medical treatment or as a rehabilitation patient.

4. I understand that my use of the exercise facilities is permitted, free of charge, as a courtesy exclusively provided to community members with a diagnosis of Parkinson's disease or parkinsonism and their care partners. I shall not be permitted to allow any other individuals to utilize such facilities. I also understand that the exercise class may at any time be restricted and/or terminated with or without notice for any reason.

5. I understand that I will be participating in this exercise group with physical therapy students under the direction of a physical therapy faculty member. As such, exercises classes may be photographed and/or videotaped in order to serve current or future educational or promotional purposes.

6. I understand that I am participating in this exercise class upon the agreement and understanding that I for myself, my heirs and assigns, hereby waive and release Ohio University Division of Physical Therapy and their affiliates and subsidiaries, and each of their employees, officers, and agents, from any and all claims, costs, liabilities, expenses, damages, or judgment entries, including attorney's fees and court costs (herein collectively, "Claims"), arising, directly or indirectly, from my involvement in group exercise, or any illness, damage, or injury resulting therefrom, occurring during, or after my participation. I hereby further agree to indemnify and hold Ohio University Division of Physical Therapy harmless from any and all such Claims.

7. **I AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE.**

Print Your Full Name: _____
Address: _____ City, State, Zip: _____

***Signature*: _____ *Date*: _____**

***Witness:* _____*Date:*_____**

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO		
☐	☐	1.	**Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**
☐	☐	2.	**Do you feel pain in your chest when you do physical activity?**
☐	☐	3.	**In the past month, have you had chest pain when you were not doing physical activity?**
☐	☐	4.	**Do you lose your balance because of dizziness or do you ever lose consciousness?**
☐	☐	5.	**Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**
☐	☐	6.	**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**
☐	☐	7.	**Do you know of any other reason why you should not do physical activity?**

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____
or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

PDQ-39 QUESTIONNAIRE

Please complete the following

Please tick <u>one</u> box for each question

Due to having Parkinson's disease, how often <u>during the last month</u> have you....		**Never**	**Occasionally**	**Sometimes**	**Often**	**Always** or cannot do at all
1	Had difficulty doing the leisure activities which you would like to do?	☐	☐	☐	☐	☐
2	Had difficulty looking after your home, e.g. DIY, housework, cooking?	☐	☐	☐	☐	☐
3	Had difficulty carrying bags of shopping?	☐	☐	☐	☐	☐
4	Had problems walking half a mile?	☐	☐	☐	☐	☐
5	Had problems walking 100 yards?	☐	☐	☐	☐	☐
6	Had problems getting around the house as easily as you would like?	☐	☐	☐	☐	☐
7	Had difficulty getting around in public?	☐	☐	☐	☐	☐
8	Needed someone else to accompany you when you went out?	☐	☐	☐	☐	☐
9	Felt frightened or worried about falling over in public?	☐	☐	☐	☐	☐
10	Been confined to the house more than you would like?	☐	☐	☐	☐	☐
11	Had difficulty washing yourself?	☐	☐	☐	☐	☐
12	Had difficulty dressing yourself?	☐	☐	☐	☐	☐
13	Had problems doing up your shoe laces?	☐	☐	☐	☐	☐

*Please check that you have ticked **one box for each question** before going on to the next page*

Due to having Parkinson's disease, how often <u>during the last month</u> have you....		***Please tick <u>one</u> box for each question***				
		Never	**Occasionally**	**Sometimes**	**Often**	**Always** or cannot do at all
14	Had problems writing clearly?	☐	☐	☐	☐	☐
15	Had difficulty cutting up your food?	☐	☐	☐	☐	☐
16	Had difficulty holding a drink without spilling it?	☐	☐	☐	☐	☐
17	Felt depressed?	☐	☐	☐	☐	☐
18	Felt isolated and lonely?	☐	☐	☐	☐	☐
19	Felt weepy or tearful?	☐	☐	☐	☐	☐
20	Felt angry or bitter?	☐	☐	☐	☐	☐
21	Felt anxious?	☐	☐	☐	☐	☐
22	Felt worried about your future?	☐	☐	☐	☐	☐
23	Felt you had to conceal your Parkinson's from people?	☐	☐	☐	☐	☐
24	Avoided situations which involve eating or drinking in public?	☐	☐	☐	☐	☐
25	Felt embarrassed in public due to having Parkinson's disease?	☐	☐	☐	☐	☐
26	Felt worried by other people's reaction to you?	☐	☐	☐	☐	☐
27	Had problems with your close personal relationships?	☐	☐	☐	☐	☐
28	Lacked support in the ways you need from your spouse or partner?	☐	☐	☐	☐	☐
	If you do not have a spouse or partner tick here		☐			
29	Lacked support in the ways you need from your family or close friends?	☐	☐	☐	☐	☐

*Please check that you have ticked **one box for each question** before going on to the next page*

Due to having Parkinson's disease, how often <u>during the last month</u> have you....		***Please tick <u>one</u> box for each question***				
		Never	**Occasionally**	**Sometimes**	**Often**	**Always**
30	Unexpectedly fallen asleep during the day?	☐	☐	☐	☐	☐
31	Had problems with your concentration, e.g. when reading or watching TV?	☐	☐	☐	☐	☐
32	Felt your memory was bad?	☐	☐	☐	☐	☐
33	Had distressing dreams or hallucinations?	☐	☐	☐	☐	☐
34	Had difficulty with your speech?	☐	☐	☐	☐	☐
35	Felt unable to communicate with people properly?	☐	☐	☐	☐	☐
36	Felt ignored by people?	☐	☐	☐	☐	☐
37	Had painful muscle cramps or spasms?	☐	☐	☐	☐	☐
38	Had aches and pains in your joints or body?	☐	☐	☐	☐	☐
39	Felt unpleasantly hot or cold?	☐	☐	☐	☐	☐

*Please check that you have ticked **one box for each question** before going on to the next page*

Thank you for completing the PDQ 39 questionnaire