



Parkinson's Disease Questionnaire

Insurance Designers of Central Texas, LLC

12466 Los Indios Trail #100 Austin, TX 78729
Phone 512-257-9700 FAX 512-257-9701

Today's Date:

Agent:

Full Name:

Male or Female?

Height and weight:

Date of Birth:

1. Month and year diagnosed: _____ Age at diagnosis: _____

2. Please note the functional stage:

- Stage 1 (unilateral involvement)
- Stage 2 (bilateral involvement but normal stance)
- Stage 3 (bilateral involvement with mild postural imbalance but able to lead an independent life)
- Stage 4 (bilateral involvement with postural instability, requires substantial help)
- Stage 5 (severe disease, restricted to bed or wheelchair)

3. Has there been any progression since diagnosed? Yes No
If yes, give details and dates:

4. Have any of the following occurred?

- Dementia Infections Memory problems
- Falls Aspiration Injuries
- Depression

If checked any, give details and dates:

5. What medications do you take, reason, dosage and how often?

6. How often do you see your doctor?

- Every six months Every 12 months Other (explain):

7. Has your weight remained stable in the past year? ___Yes ___ No
If no: Lost _____ pounds OR Gained _____ pounds

8. Please indicate type of tobacco EVER used:

Type:	Amount per (circle frequency):	Date last used:	Still use?
___Smokeless	___daily/monthly/yearly	_____	___Yes ___ No
___Cigarettes	___per day/month/year	_____	___Yes ___ No
___Cigar	___per day/month/year	_____	___Yes ___ No
___Patch/Gum	___per day/month/year	_____	___Yes ___ No