



PD MED PROTOCOL APPENDICES



Protocol Version 8 August 2010

Questionnaires, Information Sheets, Consent Forms and other forms and information set out as Appendices

		Page
Appendix A	UK Brain Bank diagnostic criteria for PD & Hoehn & Yahr Stages	1
Appendix B	Patient Information Sheet for Early Disease	2
	Patient Information Sheet for Later Disease	5
Appendix C	Patient & Carer Consent Form	8
Appendix D	Mini-Mental State Examination (MMSE)	11
Appendix E	PDQ-39 Questionnaire	11
Appendix F	EuroQol EQ-5D	14
Appendix G	SF36 Version 2	16
Appendix H	Randomisation Notepad	21
Appendix I	GP Letter	22
Appendix J	Resource Usage	23
Appendix K	Annual Follow-up Form for Early Disease	25
	Annual Follow-up Form for Later Disease	27
Appendix L	Side Effects Form	29
Appendix M	Serious Adverse Event Form	30
Appendix N	Availability & Dosage of Drugs	31
Appendix O	Toxicity of Drugs	33
Appendix P	ICECAP-O	35
Appendix Q	Carer Experience Scale (CES)	36
Appendix R	Lost to Follow Up	37

All the forms reproduced here are available from the PD MED Trial Office in either paper or in electronic form as PDF files.

They are also available on the **PD MED** Web site at

<http://www.pdmed.bham.ac.uk>

FOR RANDOMISATION TELEPHONE (FREEPHONE IN UK): 0800 953 0274

OR +44 (0)121 415 9129 FROM OUTSIDE THE UK OR FAX 0121 415 9135

For administrative queries and trial supplies, contact the PD MED Trial Office, University of Birmingham Clinical Trials Unit, Robert Aitken Institute, Vincent Drive, Edgbaston Birmingham B15 2TT Tel: 0121 415 9127/9128

E-mail: pd-trials@bham.ac.uk

Website: www.pdmed.bham.ac.uk

UK BRAIN BANK DIAGNOSTIC CRITERIA FOR PD

STEP 1. Diagnosis of Parkinsonian syndrome

Bradykinesia (slowness of initiation of voluntary movement with progressive reduction in speed and amplitude of repetitive actions) and at least one of the following:

- muscular rigidity
- 4-6 Hz rest tremor
- postural instability not caused by primary visual, vestibular, cerebellar or proprioceptive dysfunction.

STEP 2. Exclusion criteria for Parkinson's disease

- history of repeated strokes with stepwise progression of Parkinsonian features
- history of repeated head injury
- history of definite encephalitis
- oculogyric crises
- neuroleptic treatment at onset of symptoms
- more than one affected relative
- sustained remission
- strictly unilateral features after three years
- supranuclear gaze palsy
- cerebellar signs
- early severe autonomic involvement
- early severe dementia with disturbances of memory, language and praxis
- Babinski sign (Plantar Reflex)
- presence of a cerebral tumour or communicating hydrocephalus on CT scan
- negative response to large doses of levodopa (if malabsorption excluded)
- MPTP exposure

STEP 3. Supportive prospective positive criteria for Parkinson's disease; three or more required for diagnosis of definite Parkinson's disease

- unilateral onset
- rest tremor present
- progressive disorder
- persistent asymmetry affecting the side of onset most
- excellent response (70-100%) to levodopa
- severe levodopa-induced chorea
- levodopa response for 5 years or more
- clinical course of 10 years or more

UK Parkinson's Disease Society Brain Bank diagnostic criteria for idiopathic Parkinson's disease.

From: Gibb WRG, Lees AJ. The relevance of the Lewy body to the pathogenesis of idiopathic Parkinson's disease. *Journal of Neurology Neurosurgery and Psychiatry* 1988; 51: 745-752.

Hoehn and Yahr Stages

Stage 1.0 Unilateral involvement only

Stage 1.5 Unilateral and axial involvement

Stage 2.0 Bilateral involvement without impairment of balance

Stage 2.5 Mild bilateral involvement with recovery on retropulsion (pull) test

Stage 3.0 Mild to moderate bilateral involvement, some postural instability but physically independent

Stage 4.0 Severe disability, still able to walk and to stand unassisted

Stage 5.0 Wheelchair bound or bedridden unless aided.



Patient & Carer Information Sheet

Invitation to join a national study of drug treatment for early Parkinson's disease



In Collaboration with this Hospital and Health Trust

For further information please contact:

Dr	Tel:
Nurse	Tel:

We would like to invite you to take part in a large national research study, called PD MED, of treatments for Parkinson's disease (PD for short). This study is optional so you don't have to take part if you don't want to, or give a reason if you choose not to. Before you decide, it is important for you to understand why the study is being done and what it involves. Please take time to read the following information and to discuss it with your family, friends and GP as you wish.

Why have I been invited?

Your hospital consultant is taking part in this study, which compares different drugs for PD. Patients are invited to take part if they have recently been diagnosed as having PD, and have not been taking medication for PD for more than 6 months. You are in this group and so are eligible to participate, should you choose to do so.

What is Parkinson's disease?

PD is a movement disorder that affects various parts of the body, causing stiffness in the muscles, slowness, difficulty when starting movements, and tremor in some people. This is caused by a reduction in the numbers of brain cells that produce a chemical called dopamine. These symptoms appear over many years but drug treatments can help slow the effects of this process.

What treatment is there for Parkinson's disease?

There are three main classes of drug (called levodopa, dopamine agonists, and MAOB inhibitors) that can be used to treat the symptoms of early PD, and within each class there may be more than one drug available. We know from previous studies that each of these classes of drug can be effective at controlling symptoms of PD and all of these treatments are widely used, with some doctors preferring one type and other doctors another.

If these treatments are all effective why do we need a clinical trial?

Although we know that these drugs do work, little is known about how they compare with each other and whether or not some drugs are better than others. This is because few studies have directly compared one class of drug with another. Also, most previous studies have just looked at PD symptoms, and side effects of treatments, and have not asked people with PD what the overall impact of the drugs on their daily life (and their carers') has been. We know that there will not be big differences between one class of drug and another but it is possible that some will be a little better than others. The only way that we can find this out reliably is through large clinical studies like PD MED (which aims to recruit up to 1500 patients similar to you). PD is, unfortunately, a common condition and so it is important to make sure that all new drugs really are better than the standard drugs before they also become standard treatment. This means weighing up all the advantages and disadvantages of each type of drug - in what is called a clinical trial - and seeing which is best overall from the patients' point of view. This is what we hope to find out from the PD MED study.

Which patients will get which class of drug?

Since we do not know which class of drug is best, we need to compare them to find out. In order to do this, patients who agree to take part in the study will be allocated to one of the three treatment groups below. The decision as to which group patients are assigned to is made at random by the central study office. The three drug classes being compared are:

- dopamine agonists (these increase dopamine-type stimulation in the brain)
- MAOB inhibitors (this stands for monoamine oxidase type B inhibitor and these drugs work by reducing the breakdown of dopamine in the brain)
- levodopa (the standard drug for many years)

Patients for whom any one of these three classes of drug would be suitable would have an equal chance of being allocated to each group. However, if your doctor considers that one particular drug type would not be appropriate for you, you would only be allocated between the other two groups, and you would then have a 50:50 chance of receiving either one of the other drug class. [If your doctor thinks that only one of these three classes of drug would be suitable for you, he would give you this drug and you would not be eligible for the study.]

If more than one drug is available within the class to which you are allocated, your doctor will choose which one to give you. He would also use the drug at the dose that suits you best. If you are allocated either a dopamine agonist or a MAOB inhibitor, your doctor may also add in levodopa if this is thought to be necessary. Whatever drug, or drugs, you receive during the study, you will still have access to the same medical and nursing support that would be provided if you were not in the study.

What does the PD MED Study involve?

The study involves taking the drug, or drugs, allocated regularly as prescribed by your hospital doctor or GP. Your doctor will explain how and when the drugs should be taken. It is important that you tell your doctor of any changes in your symptoms so that the dosage of the drugs can be adjusted as necessary.

No extra physical tests or clinic visits are necessary as part of the study. Patients will visit their hospital doctor as usual. Each patient will be asked to complete a straightforward set of questions when they enter the study, 6 months later, 12 months later and then once a year for at least another 4 years. Your carer, if you have one, will also be asked to answer some questions so that we can find out how helping to look after someone with PD affects their life. These questionnaires will be sent to you, and your carer, by post and a postage-paid envelope will be provided for their return. It should not take more than half an hour to complete them each time. We will also ask your doctors about once a year how you are progressing.

All information collected in the study will be put into a computer and analysed, but will remain strictly confidential in the same way as your other medical records. You will not be identified when the results are reported. Your GP will need to be told that you are taking part in the study as he/she usually supplies your prescriptions.

What are the risks of taking these drugs?

Doctors generally agree that all the drugs prescribed in this study are safe but, as with any treatment, we cannot guarantee that there will be no side effects. Your doctors will tell you about the possible side effects of the treatments that you might receive. It is important that you tell your doctors if the study drugs cause upsets so that they can decide whether other treatment is required or the drug needs to be stopped. If new information about the drugs you are taking comes to light during the course of the study, your doctors will tell you about it and discuss with you whether you should continue or change your treatment.

Are there any benefits for me from taking part in the study?

All of the treatments being used in this study are known to help control the symptoms of PD and are already widely used, so the treatment you receive will be at least as good as that available outside the study. We hope that the information obtained from this study will help us to treat people with PD more effectively in the future.

What will happen to the results of the study?

At the end of the study your questionnaires, and those from others taking part, will be analysed and a report written for a leading medical journal. The NHS will help ensure that UK doctors are aware of the results, so that patients can be treated with the best proven, effective treatments.

Will participation in the study affect my legal rights?

No. There are no special arrangements for compensation in the (unlikely) event that you are harmed as a result of taking part in the study. But, whether or not you take part, you will retain the same legal rights as any other patient treated in the NHS.

Who is organising and funding the study?

The central study organiser is the University of Birmingham Clinical Trials Unit, which has experience of running large trials like PD MED. The study is funded by the NHS Research & Development Programme. The doctors involved are not being paid for recruiting patients into the study. The study has also been reviewed by the West Midlands Multi-centre Research Ethics Committee and the Local Research Ethics Committee at your hospital.

Do I have to take part in the study?

No, you do not have to take part in the study, or give a reason if you choose not to, and this would not affect the standard of care that you receive. It is up to you to decide. Before deciding, you should read this leaflet carefully and ask your doctor or nurse questions if there are things that you do not understand. If you do decide to take part, we will ask you, and your carer if you have one, to sign a consent form indicating that you understand what the study involves and agree to take part. You will be given a copy of this information sheet and the signed consent form to keep. Your hospital doctor will then call the study organisers to enter you into PD MED.

Can I withdraw from the study?

Yes, you can decide to withdraw from the study at any time. Signing the consent form does not commit you to taking the treatment allocated and withdrawal will not affect the standard of care that you receive subsequently. If you do change your mind later you do not have to give a reason, but it would help our research if you could still complete the questionnaires to let us know how you are doing.

Do you have any other questions?

Having read this leaflet we hope that you will choose to take part in PD MED. If you would prefer to delay your decision, perhaps to discuss with friends, relatives or your GP, then you can make an appointment to come back later. You can take this information sheet with you to help you decide. If you still have questions about the study now or later feel free to ask your hospital doctor or nurse. Their names and telephone numbers are given at the top of this sheet.

Thank you for taking the time to consider participating in this study.

More information can be found about PD MED from the web site
<http://www.pdmed.bham.ac.uk/>



Patient & Carer Information Sheet

Invitation to join a national study of drug treatment for later Parkinson's disease

Appendix B



In Collaboration with this Hospital and Health Trust

For further information please contact:

Dr	Tel:
Nurse	Tel:

We would like to invite you to take part in a large national research study, called PD MED, of treatments for Parkinson's disease (PD for short). This study is optional so you don't have to take part if you don't want to, or give a reason if you choose not to. Before you decide, it is important for you to understand why the study is being done and what it involves. Please take time to read the following information and to discuss it with your family, friends and GP as you wish.

Why have I been invited?

Your hospital consultant is taking part in this study, which compares different drugs for PD. Patients are invited to take part if their current therapy is not working well enough and so their treatment needs to be changed. You are in this group and so are eligible to participate, should you choose to do so.

Why does my treatment need to be changed?

The drugs that you have been taking until now are no longer able to control the symptoms as well as before. It is possible that changing to other drugs will be better. There are three different classes of drugs (called dopamine agonists, MAOB inhibitors and COMT inhibitors) that can be used at this stage to treat the symptoms of PD, and within each class there may be more than one drug available. We know from previous studies that each of these classes of drug can be effective at controlling symptoms of PD and all of these treatments are widely used, with some doctors preferring one type and other doctors another.

If these treatments are all effective why do we need a clinical trial?

Although we know that these drugs do work, little is known about how they compare with each other and whether or not some drugs are better than others. This is because few studies have directly compared one class of drug with another. Also, most previous studies have just looked at PD symptoms, and side effects of treatments, and have not asked people with PD what the overall impact of the drugs on their daily life (and their carers') has been. We know that there will not be big differences between one class of drug and another but it is possible that some will be a little better than others. The only way that we can find this out reliably is through large clinical studies like PD MED (which aims to recruit up to 1000 patients similar to you). PD is, unfortunately, a common condition and so it is important to make sure that all new drugs really are better than the standard drugs before they also become standard treatment. This means weighing up all the advantages and disadvantages of each type of drug - in what is called a clinical trial - and seeing which is best overall from the patients' point of view. This is what we hope to find out from the PD MED study.

Which patients will get which class of drug?

Since we do not know which class of drug is best, we need to compare them to find out. In order to do this, patients who agree to take part in the study will be allocated to one of the three treatment groups below. The decision as to which group patients are assigned to is made at random by the central study office. The three drug classes being compared are:

- dopamine agonists (these increase dopamine-type stimulation in the brain)
- MAOB inhibitors (this stands for monoamine oxidase type B inhibitor and these drugs work by reducing the breakdown of dopamine in the brain)
- COMT inhibitors (this stands for catechol-O-methyltransferase inhibitor and these drugs work by reducing the breakdown of levodopa in the brain).

Patients who have previously been treated with levodopa would have an equal chance of receiving any one of these three classes of drug. However, if you have previously been taking either a dopamine agonist or a MAOB inhibitor (or if your doctor considers that one of these drugs would not be appropriate for you), you will only be allocated between the other two groups, and you would then have a 50:50 chance of receiving either one of them. [If your doctor thinks that only one of these three classes of drug would be suitable for you, he would give you this drug and you would not be eligible for the study.]

If more than one drug is available within the class to which you are allocated, your doctor will choose which one to give you. He would also use the drug at the dose that suits you best. Your doctor may also add in levodopa if this is thought to be necessary. Whatever drug, or drugs, you receive during the study, you will still have access to the same medical and nursing support that would be provided if you were not in the study.

What does the PD MED Study involve?

The study involves taking the drug, or drugs, allocated regularly as prescribed by your hospital doctor or GP. Your doctor will explain how and when the drugs should be taken. It is important that you tell your doctor of any changes in your symptoms so that the dosage of the drugs can be adjusted as necessary.

No extra physical tests or clinic visits are necessary as part of the study. Patients will visit their hospital doctor as usual. Each patient will be asked to complete a straightforward set of questions when they enter the study, 6 months later, 12 months later and then once a year for at least another 4 years. Your carer, if you have one, will also be asked to answer some questions so that we can find out how helping to look after someone with PD affects their life. These questionnaires will be sent to you, and your carer, by post and a postage-paid envelope will be provided for their return. It should not take more than half an hour to complete them each time. We will also ask your doctors about once a year how you are progressing.

All information collected in the study will be put into a computer and analysed, but will remain strictly confidential in the same way as your other medical records. You will not be identified when the results are reported. Your GP will need to be told that you are taking part in the study as he/she usually supplies your prescriptions.

What are the risks of taking these drugs?

Doctors generally agree that all the drugs prescribed in this study are safe but, as with any treatment, we cannot guarantee that there will be no side effects. Your doctors will tell you about the possible side effects of the treatments that you might receive. It is important that you tell your doctors if the study drugs cause upsets so that they can decide whether other treatment is required or the drug needs to be stopped. If new information about the drugs you are taking comes to light during the course of the study, your doctors will tell you about it and discuss with you whether you

Are there any benefits for me from taking part in the study?

All of the treatments being used in this study are known to help control the symptoms of PD and are already widely used, so the treatment you receive will be at least as good as that available outside the study. We hope that the information obtained from this study will help us to treat people with PD more effectively in the future.

What will happen to the results of the study?

At the end of the study your questionnaires, and those from others taking part, will be analysed and a report written for a leading medical journal. The NHS will help ensure that UK doctors are aware of the results, so that patients can be treated with the best proven, effective treatments.

Will participation in the study affect my legal rights?

No. There are no special arrangements for compensation in the (unlikely) event that you are harmed as a result of taking part in the study. But, whether or not you take part, you will retain the same legal rights as any other patient treated in the NHS.

Who is organising and funding the study?

The central study organiser is the University of Birmingham Clinical Trials Unit, which has experience of running large trials like PD MED. The study is funded by the NHS Research & Development Programme. The doctors involved are not being paid for recruiting patients into the study. The study has also been reviewed by the West Midlands Multi-centre Research Ethics Committee and the Local Research Ethics Committee at your hospital.

Do I have to take part in the study?

No, you do not have to take part in the study, or give a reason if you choose not to, and this would not affect the standard of care that you receive. It is up to you to decide. Before deciding, you should read this leaflet carefully and ask your doctor or nurse questions if there are things that you do not understand. If you do decide to take part, we will ask you, and your carer if you have one, to sign a consent form indicating that you understand what the study involves and agree to take part. You will be given a copy of this information sheet and the signed consent form to keep. Your hospital doctor will then call the study organisers to enter you into PD MED.

Can I withdraw from the study?

Yes, you can decide to withdraw from the study at any time. Signing the consent form does not commit you to taking the treatment allocated and withdrawal will not affect the standard of care that you receive subsequently. If you do change your mind later you do not have to give a reason, but it would help our research if you could still complete the questionnaires to let us know how you are doing.

Do you have any other questions?

Having read this leaflet we hope that you will choose to take part in PD MED. If you would prefer to delay your decision, perhaps to discuss with friends, relatives or your GP, then you can make an appointment to come back later. You can take this information sheet with you to help you decide. If you still have questions about the study now or later feel free to ask your hospital doctor or nurse. Their names and telephone numbers are given at the top of this sheet.

Thank you for taking the time to consider participating in this study.

More information can be found about PD MED from the web site

<http://www.pdmed.bham.ac.uk/>



A LARGE RANDOMISED ASSESSMENT OF THE RELATIVE COST-EFFECTIVENESS OF CLASSES OF DRUGS FOR PARKINSON'S DISEASE



In Collaboration with this Hospital and Health Trust

For further information please contact:

Dr _____

Tel: _____

Please tick each
box to indicate
your consent

- I have been informed about the **PD MED** study and agree to enter it. I hope to complete the study, but I understand that I am free to withdraw from the study at any time without necessarily giving a reason. If I do withdraw, I can continue to expect the highest standard of care from my doctors.
- I understand that my doctors will provide information about my progress, in confidence, to the central organisers and that the information held by the NHS and records maintained by the General Register Office may be used to keep in touch with me and follow up my health status.
- I understand that the information will be used for medical research only and that I will not be identified in any way in the analysis and reporting of the results.
- I understand that my carer, if I have one, will be asked to provide information on how looking after someone with Parkinson's disease affects their life.
- I consent to my GP being informed about my participation in this study.

Patient's signature: _____

Print full name: _____ Date: ____ / ____ / 200__

Carer's Consent (if applicable):

I have also been informed about the **PD MED** study and agree to take part and to provide information about how the patient's disease affects me.

Carer's signature: _____

Print full name: _____ Date: ____ / ____ / 200__

Clinician's signature: _____

Print name: _____ Date: ____ / ____ / 200__

*Three copies of this consent form are needed: **the top (white) copy** to be kept in the patient notes ; **pink copy** for the patient; **blue copy** for the carer (if applicable); **yellow copy** to be sent to the **PD MED** Trial office .*

A Freepost envelope is supplied for return to

The University of Birmingham, Birmingham Clinical Trials Unit, **FREEPOST RRRK-JUZR-HZHG**, Birmingham B15 2TT



Mini-Mental State Examination (MMSE)

Baseline / 5 Year follow-up (please circle as appropriate)

1. Orientation	Score
Say - Can you tell me the date? Ask specifically for any items omitted (day, date, month, season, year). Allow flexibility when the season changes. Score one point for each correct answer.	Score 0-5
Say - Can you tell me the name of this place? What town/city, county, country are we in? What floor of the building are we on? (check meaning of first and ground floor). Score one point per correct answer.	Score 0-5
2. Registration Say - I would like to test your memory. I want you to remember three things - apple, table, penny (say items clearly and slowly allowing one second between each item). Say - Can you repeat them? First repetition determines score, one point for each exactly correct answer.	Score 0-3
3. Attention and Calculation Say - Start with 100 and keep taking 7 away until I tell you to stop. (Continue to 5 subtractions). Score a point when patient successfully subtracts seven even if previous number was wrong. If patient cannot or will not perform the task, test reverse spelling. Say - I would like you to spell 'WORLD' backwards. Score the number of letters in the correct order (D=1, L=1, R=1, O= 1, W=1).	Score 0-5
4. Recall Say - Can you tell me the three things that I asked you to remember? (apple, table and penny). Allow ten seconds for reply. Give one point for each exactly correct answer.	Score 0-3
5. Naming Accurate naming is required; descriptions of function or approximate answers are unacceptable. Show the patient a wristwatch and ask - What is this? Score one point for either watch, wristwatch or time-piece. Show the patient a pencil and ask - What is this? Score one point for pencil only. If approximate answer is given say - Can you think of another word for this?	Score 0-1 Score 0-1
6. Repetition Say - Listen carefully and repeat what I say, 'No ifs ands or buts'. Read phrase slowly and clearly enunciating all the S's. Score one point for correct phrase.	Score 0-1
7. Three stage command Say - Take this piece of paper in your right hand, fold it in half using both hands and put it on the floor. Hand A4 piece of paper to patient's mid-line, allow 30 seconds, score one point for each correct stage completed in the correct order. Do not coach or repeat instructions.	Score 0-3
8. Reading Comprehension Show the patient the statement " Close your eyes ", (written overleaf). Say - Read this and do what it says. Repeat instructions if necessary. Score one point if patient closes eyes.	Score 0-1
9. Writing Give the patient a pen and the reverse side of this sheet. Say - Write a sentence on this piece of paper, (anything will do as long as it makes sense). If the patient does not appear to understand, repeat instructions. Score one point if there is a subject and a verb, correct spelling, grammar and punctuation are not necessary. Allow 30 seconds to complete task.	Score 0-1
10. Praxis Show the intersecting pentagons overleaf. Say- Copy this shape. Score one point if there are five sides and five angles on each pentagon, and the overlap forms a diamond. Ignore tremor and rotation. Allow up to one minute and patient may be allowed multiple attempts.	Score 0-1
TOTAL SCORE	
CONSCIOUSNESS Estimate by marking on the line patient's conscious level on a continuum from fully alert on the left to coma on the right. This does not contribute to the total score.	
<u>Alert</u> <u>Drowsy</u> <u>Stupor</u> <u>Coma</u>	
Name of person administering MMSE _____ Date _____	

Please complete the following
PD MED Trial Number

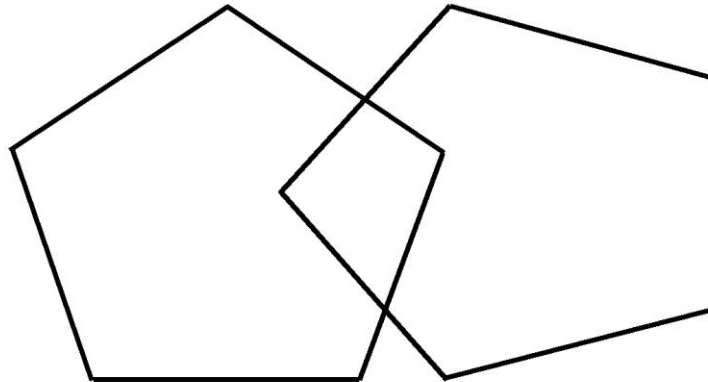
Appendix D

Patient Initials:
Date of Birth: / /
Date Completed: / /

Trial office use only

Date Sent: / /
Date Received: / /
Date Entered: / /

Close your eyes





PDQ-39 QUESTIONNAIRE

Please complete the following

Please tick one box for each question

***Due to having Parkinson's disease,
how often during the last month
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Had difficulty looking after your home, e.g. DIY, housework, cooking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Had difficulty carrying bags of shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Had problems walking half a mile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Had problems walking 100 yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Had problems getting around the house as easily as you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Had difficulty getting around in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Needed someone else to accompany you when you went out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Felt frightened or worried about falling over in public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Been confined to the house more than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Had difficulty washing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Had difficulty dressing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Had problems doing up buttons or shoe laces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 during the last month
have you....**

Please tick one box for each question

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

*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 during the last month have you....

Please tick one box for each question

		Never	Occasionally	Sometimes	Often	Always or cannot do at all
30	Unexpectedly fallen asleep during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Had problems with your concentration, e.g. when reading or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Felt your memory was bad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Had distressing dreams or hallucinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Had difficulty with your speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Felt unable to communicate with people properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Felt ignored by people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Had painful muscle cramps or spasms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Had aches and pains in your joints or body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Felt unpleasantly hot or cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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



Please answer the questions by ticking one box in each group.

Please indicate which statement best describes your own health today.

1 Mobility

Do not tick more than one box in each group.

I have no problems walking about

I have some problems in walking about

I am confined to bed

2 Self care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

3 Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

4 Pain / Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

5 Anxiety/ Depression

I am not anxious or depressed

I am moderately anxious or depressed

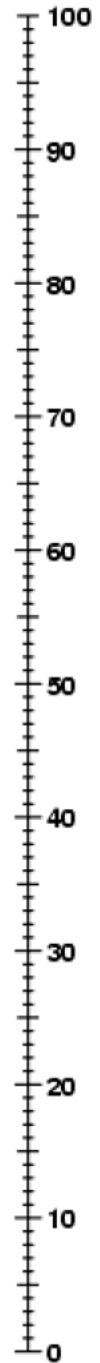
I am extremely anxious or depressed

Your own health state today

To help people say how good or bad their health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you could imagine is marked by 0

We would like you to indicate on the scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box to whichever point on the scale indicates how good or bad your current health state is.

**Best
imaginable
health state**



**Worst
imaginable
health state**

**Your own
health state
today**

Please complete the following

PD MED Trial Number

Patient Initials:

Date of Birth: / /

Date Completed: / /

Trial office use only

Date Sent: / /

Date Received: / /

Date Entered: / /

Baseline 6 month 1yr 2yr 3yr 4yr 5yr

(please circle as appropriate)



SF-36 Version 2

Baseline 6 month 1yr 2yr 3yr 4yr 5yr

(please circle as appropriate)

OVERALL HEALTH

The following questions ask for your views about your health and how you feel about life in general. If you are unsure about how to answer any question, try and think about your overall health and give the best answer you can. Do not spend too much time answering, as your immediate response is likely to be the most accurate.

Please be sure to answer each question

1. **In general**, would you say your health is:

	Excellent	<input type="checkbox"/>
	Very good	<input type="checkbox"/>
(Please tick one box)	Good	<input type="checkbox"/>
	Fair	<input type="checkbox"/>
	Poor	<input type="checkbox"/>

2. **Compared to 3 months ago**, how would you rate your health in general now?

	<input type="checkbox"/>
(Please tick one box)	Much better than 3 months ago
	<input type="checkbox"/>
	Somewhat better than 3 months ago
	<input type="checkbox"/>
	About the same
	<input type="checkbox"/>
	Somewhat worse now than 3 months ago
	<input type="checkbox"/>
	Much worse now than 3 months ago
	<input type="checkbox"/>

Appendix G

3. The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

(Please tick **one** box on each line)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Moderate activities , such as moving a table, pushing a vacuum, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Walking 100 yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Bathing and dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. During the past 2 weeks, how much time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(Please tick **one** box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the <i>amount of time</i> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Had difficulty performing the work or other activities (e.g. it took more effort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G

5. During the past 2 weeks, how much time have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
(Please tick one box on each line)					
a) Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During the past 2 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, neighbours or groups?

	Not at all	<input type="checkbox"/>
(Please tick one box)	Slightly	<input type="checkbox"/>
	Moderately	<input type="checkbox"/>
	Quite a bit	<input type="checkbox"/>
	Extremely	<input type="checkbox"/>

7. How much bodily pain have you had during the past 2 weeks ?

	None	<input type="checkbox"/>
(Please tick one box)	Very mild	<input type="checkbox"/>
	Mild	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Severe	<input type="checkbox"/>
	Very Severe	<input type="checkbox"/>

8. During the past 2 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

(Please tick **one** box)

Not at all

Slightly

Moderately

Quite a bit

Extremely

9. These questions are about how you feel and how things have been with you during the past 2 weeks. For each question please give one answer that comes closest to the way you have been feeling.

How much time during the <u>last 2 weeks</u> :		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a)	Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Have you felt so down in the dumps that nothing would	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G

10. During the past 2 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc.)?

(Please tick **one** box)

All of the time

Most of the time

Some of the time

A little of the time

None of the time

11. How TRUE or FALSE is each of the following statements for you?

(Please tick **one** box on each line)

	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a) I seem to get ill more easily than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the last 12 months, how many hours on average per day have you spent caring for the person suffering from Parkinson's disease?

Hours per day

If you did not have to spend this time caring, what would you otherwise have done with these hours? (please tick all those relevant activities and the number of hours which would have been spent on each).

Paid employment hours

Leisure activities such as gardening/reading/relaxing hours

Other (e.g. shopping, housework) hours

If other, please specify _____

	_____ hours
	_____ hours
	_____ hours

Completed by: _____

Date _____ / _____ / _____

RANDOMISATION NOTEPAD

Prepare for the randomisation questions by filling in sections A, B, C, D, E and F on this pad before telephoning the toll free randomisation service on **0800 953 0274** for immediate randomisation, or fax form to **0121 415 9135** for allocation by next working day.

PART A: IDENTIFYING DETAILS

Randomising Consultant..... Hospital Name.....
 Patient's Full name:..... Gender: Male Female Title: Mr/Mrs/Ms/Miss/Other.....

PART B: ELIGIBILITY

Is the patient demented? No Yes
 Is the patient able to complete the questionnaire? No Yes (with help, if necessary)
 Has the patient given written informed consent? No Yes

PART C: PATIENT'S MEDICAL DETAILS

Date of initial diagnosis of PD (month/year)/..... Yoehn & Yahr Stage (see protocol, appendix A)
 Stage of PD Early Later

If Early: Any previous PD therapy? No <1 month 1 – 3 months 3 – 6 months > 6 months

If previous therapy, please specify.....

If later: Patient previously entered in PD MED trial? No Yes if yes, PD MED trial number.....
 Current therapy: DA: Yes No MAOBI: Yes No COMTI: Yes No

PART D: TREATMENT DETAILS

Willing to randomise to MAOBI: No Yes Willing to randomise to LD alone (early PD only): No Yes

If allocated DA, which DA will be prescribed?.....

If allocated MAOBI, which MAOBI will be prescribed?.....

If allocated COMTI, which COMTI will be prescribed?..... (later PD only)

PART E: QUESTIONNAIRES

Has the patient completed? PDQ39: No Yes Euroqol EQ-5D: No Yes
 Has the MMSE been administered? No Yes

PART F: CARER DETAILS

Does the patient have a regular carer? No Yes If yes, name of principal carer.....
 Has the carer completed the SF-36? No Yes Relationship.....
 If No, reason (eg no carer, carer declined to take part).....

PART G: TREATMENT ALLOCATION from RANDOMISATION SERVICE 0800 953 0274

Early PD LD only Dopamine agonist MAOB inhibitor
 Later PD Dopamine agonist MAOB inhibitor COMT inhibitor

PD MED trial number:.....

Contact person..... Fax No: Telephone No:.....
 (for queries or fax allocations)

Please file the top copy of this form in the patient notes, and return the bottom copy along with the questionnaires listed in Part E (and F if applicable) and consent form within one week of trial entry to the PD MED Trial Office. A Freepost envelope is supplied for return to The University of Birmingham, Birmingham Clinical Trials Unit, Division of Medical Sciences, Robert Aitken Institute, **FREEPOST RRKR-JUZR-HZHG**, Birmingham B15 2TT



RESOURCE USAGE

Your use of health and social services due to Parkinson's Disease

We would like to know how much use you have made of the health and social services **over the last 12 months** because of your Parkinson's disease. If you are not exactly sure,

Please answer every question, even if the answer is None ["0"]

1. Over the last 12 months, how many times have you:

- | | |
|---|--------------------------|
| Been seen by your GP ? | <input type="checkbox"/> |
| Been seen by a practice nurse ? | <input type="checkbox"/> |
| Been seen by a Parkinson's disease nurse? | <input type="checkbox"/> |
| Been seen by a health visitor ? | <input type="checkbox"/> |
| Been seen by a social worker? | <input type="checkbox"/> |
| Been seen by a physiotherapist? | <input type="checkbox"/> |
| Been seen by an occupational therapist? | <input type="checkbox"/> |
| Been seen by a speech/language therapist? | <input type="checkbox"/> |
| Visited a day hospital? | <input type="checkbox"/> |
| Visited a hospital out-patient clinic? | <input type="checkbox"/> |

2. If you have had any overnight hospital stays because of your Parkinson's disease in the last 12 months, please state the total number of nights, for respite or treatment.

Total number of nights	Please give the reasons:
Respite Care <input style="width: 40px;" type="text"/>	_____
Treatment <input style="width: 40px;" type="text"/>	_____

3. Over the last 12 months, have you used or received the following services?

Home care/home help	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many times per week?	<input style="width: 40px;" type="text"/>
Meals on wheels	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many times per week?	<input style="width: 40px;" type="text"/>
Day centre	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many times per week?	<input style="width: 40px;" type="text"/>
Luncheon Club	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many times per week?	<input style="width: 40px;" type="text"/>
Sitting Service	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many times per week?	<input style="width: 40px;" type="text"/>
Night Care	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many times per week?	<input style="width: 40px;" type="text"/>

4. Over the last 12 months, have you consulted a private practitioner such as an Acupuncturist, Aromatherapist or Reflexologist as a result of your Parkinson's disease?

No Yes If Yes, please state how many times:

5. Are you currently, or in the last 12 months have you been, in paid employment?

Yes Go to 5a No Go to 5b

5a If Yes, due to your Parkinson's disease have you had to reduce the number of hours per week you work over the last 12 months? (please tick only one).

- No, I work the same hours. Please state how many hours this is
- Yes, I have had to reduce my hours by hours per week.
- Yes, I have had to stop work completely.

5b If you are not employed: in the last 12 months have you had to reduce the number of hours per week you spend carrying out your normal daily activities, due to your Parkinson's disease,?

No Yes I have had to reduce my hours by hours per week.

6. Do you have regular carers who are family members or friends? No Yes

If Yes, please state how many family/friends carers you have in total

Please state relationship of main carer: _____

In the last 12 months, please state how many hours on average each carer has spent caring for you per week:

Main carer: hours per week Other carer: hours per week

Other carer: hours per week Other carer: hours per week

7. Are you currently receiving benefits? No Yes

If Yes, what level have you been receiving in the last 12 months?

Low Medium High

8. If you would like to tell us about any costs incurred because of your Parkinson's disease over the last 12 months, please write them here.

Please return this form, with the others, in the FREEPOST envelope provided.

PD MED Resource Usage Version 8 Aug 2010

ANNUAL FOLLOW-UP FORM EARLY DISEASE

Appendix K

Part A: Identification Details To be completed by patient's hospital doctors

Patient's initials: PD MED Trial No **E**

Date of birth: / / Hospital number: _____
Hospital

Is the diagnosis still idiopathic Parkinson's Disease? No Yes

If not, what is the most likely diagnosis?

N.B. The patient will still be followed up within PD MED

Part B: Current Disease Status

Date of assessment: _____ / _____ / _____

Patient's current Hoehn & Yahr stage:

Hoehn and Yahr Stages

- Stage 1.0 Unilateral involvement only
- Stage 1.5 Unilateral and axial involvement
- Stage 2.0 Bilateral involvement without impairment of balance
- Stage 2.5 Mild bilateral involvement with recovery on retropulsion (pull) test
- Stage 3.0 Mild to moderate bilateral involvement, some postural instability but physically independent
- Stage 4.0 Severe disability, still able to walk and to stand unassisted
- Stage 5.0 Wheelchair bound or bedridden unless aided.

Please ask the patient if they have suffered (a) any involuntary movements, other than tremor, and demonstrate typical athetoid dyskinesia to them or (b) wearing off of one dose of medication before the next is due. If the reply is affirmative, or if you or the carer have witnessed these phenomena, please record the findings below.

Has the patient developed motor complications? No Yes

What type of motor complications have developed?

Dyskinesia No Yes **If Yes**, date started (mo/yr): _____ / _____

Fluctuations No Yes **If Yes**, date started (mo/yr): _____ / _____

Has the patient developed dementia? No Yes **If Yes**, date of diagnosis (mo/yr) _____ / _____
(as defined by the clinician's usual criteria)

Has the patient been institutionalised? No Yes **If Yes**, date admitted (mo/yr) _____ / _____

Type of home: Nursing Residential

Has the patient died? No Yes **If Yes**, date of death: _____ / _____ / _____

Cause of death: _____

If the patient has died, please give details of therapy prior to death in Part C.

Part C: Current Therapy

Please give details of the patient's current drug therapy for PD including treatment related to PD
(e.g. anti-depressants, anti-psychotic):

Drug	Dose	Total daily dose (mg)	Date Started
Sinemet Plus	100mg x 5 daily	500	5/10/00
Bromocriptine	10mg + 5mg + 10mg	25	25/5/99

Drug	Dose	Total daily dose (mg)	Date Started
_____	_____	_____	_____ / _____ / _____
_____	_____	_____	_____ / _____ / _____
_____	_____	_____	_____ / _____ / _____
_____	_____	_____	_____ / _____ / _____

If the medication has changed since the last follow-up, please record the changes and reasons on the reverse side to this form

Assessor: _____ Signature: _____ Date: _____ / _____ / _____

Please return this form to: **PD MED Trial Office, The University of Birmingham, Birmingham Clinical Trials Unit, Robert Aitken Institute, FREEPOST RRKR-JUZR-HZHG, Birmingham, B15 2TT**

ANNUAL FOLLOW-UP FORM LATER DISEASE

Part A: Identification Details

To be completed by patient's hospital doctors

 Patient's initials: PD MED Trial No **A**

Date of birth: ____ / ____ / ____ Hospital number: _____

Hospital _____

 Is the diagnosis still idiopathic Parkinson's Disease? No Yes

If not, what is the most likely diagnosis?

N.B. The patient will still be followed up within PD MED

Part B: Current Disease Status

Date of assessment: ____ / ____ / ____

 Patient's current Hoehn & Yahr stage:

Hoehn and Yahr Stages

 Stage 1.0 Unilateral involvement only
 Stage 1.5 Unilateral and axial involvement
 Stage 2.0 Bilateral involvement without impairment of balance
 Stage 2.5 Mild bilateral involvement with recovery on retropulsion (pull) test
 Stage 3.0 Mild to moderate bilateral involvement, some postural instability but physically independent
 Stage 4.0 Severe disability, still able to walk and to stand unassisted
 Stage 5.0 Wheelchair bound or bedridden unless aided.

 Has the patient developed dementia? No Yes If Yes, date admitted (mo/yr) ____ / ____
 (as defined by clinician's usual criteria)

 Has the patient been institutionalised? No Yes If Yes, date admitted (mo/yr) ____ / ____

 Type of home: Nursing Residential

 Has the patient died? No Yes If Yes, date of death: ____ / ____ / ____

Cause of death: _____

If the patient has died, please give details of therapy prior to death in Part C.

Part C: Current Therapy

Please give details of the patient's current drug therapy

for PD including treatment related to PD (e.g. anti-depressants, anti-psychotic):

Example of patients current drug therapy

Drug	Dose	Total daily dose (mg)	Date Started
Sinemet Plus	100mg x 5 daily	500	5/10/01
Bromocriptine	10mg + 5mg + 10mg	25	25/5/01

Drug (including Apomorphine)	Dose	Total daily dose (mg)	Date Started
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____

 If the medication has changed since the last follow-up, **please record the changes and reasons on the reverse side to this form.**

 Has the patient been considered for PD related surgery? No Yes

If Yes, date considered for surgery (mon/yr) ____ / ____

Reason for surgery: _____

Assessor: _____ Signature: _____ Date: ____ / ____ / ____

Please return this form to: _____

 PD MED Trial Office, The University of Birmingham, Birmingham Clinical Trials Unit, Robert Aitken Institute,
 FREEPOST RRKR-JUZR-HZHG, Birmingham, B15 2TT



**Side effects ,
drug changes and
hospitalisation**

Please complete the following
PD MED Trial Number

Patient Initials:

Date of Birth: / /

Date Completed: / /

Trial office use only

Date Sent: / /

Date Received: / /

Date Entered: / /

Side Effects

We would also like to know if you have had any side effects while taking your PD drugs since last completing a questionnaire and, if you have stopped taking any of them, the reasons for stopping.

Have you had any side effects? No Yes

If **Yes**, please give details below ?

Changes to drugs

Have you stopped taking (or changed) any of your PD drugs since completing the last questionnaire?

No Yes

If **Yes**, please give details below ?

Hospitalisation

Have you had to stay in hospital, a residential home or a nursing home for any reason since last completing a questionnaire?

No Yes, Hospital Yes, Nursing Home Yes, Residential Home

If yes, please give details (continue overleaf if needed):

Where stayed	Reason	No. of days/Approximate date

Questionnaires completed: / / Signature:

SERIOUS ADVERSE EVENT FORM

Please report any **serious, unexpected** adverse events* believed to be due to the treatments given as part of the PD MED trial by completing this form and returning as soon as possible to the PD MED Trial Office



Patient's full name: _____

Date of birth: / /

PD MED Trial No Hospital Number

Hospital _____

Responsible doctor: _____

Date event started: / / Date event ceased: / /

Outcome: Fatal Recovered Continuing

Details of adverse event (please attach copies of relevant reports): _____

Did the event require or prolong hospitalisation? No Yes No.of days:

Please give reasons why if you consider the event to be treatment-related: _____

Name of person reporting:
(please PRINT) _____

Telephone Number _____

Signed: _____ Date / /

Please return this form, as soon as possible, (with copies of any relevant reports) to:

PD MED Trial Office, The University of Birmingham, Birmingham Clinical Trials Unit, Robert Aitken Institute, FREEPOST RRKR-JUZR-HZHG, Birmingham, B15 2TT
or fax to 0121 415 9135

*For the purposes of this study, "**serious**" adverse events are those which are fatal, life-threatening, disabling or require hospitalisation. "**Unexpected**" adverse events are defined as those that would not be expected among elderly patients given anti-parkinsonian medication (which has certain expected side-effects) for Parkinson's disease (which has expected symptoms).

AVAILABILITY AND DOSAGE OF DRUGS

Drug / Class	Tradename	Company	Average Dose (stable)
Co-Beneldopa / LD	Madopar	Roche	750mg (6 x125mg)
Co-Careldopa / LD	Sinemet	BMS	750mg (6 x 125mg)
Bromocriptine / DA	Parlodel	Novartis / Non-proprietary	25mg (10 x 2.5mg)
Cabergoline / DA	Cabaser	Pharmacia	4mg (1 x 4mg)
Pergolide / DA	Celance	Lilly	3mg (3 x 1mg)
Ropinirole / DA	Requip	SKB	15mg (3 x 5mg)
Pramipexole / DA	Mirapex	Pharmacia	3n (3 x 1mg)
Selegiline / MAOBI	Eldepryl	Orion / Non-proprietary	10mg (1 x 10mg) (2 x 5mg)
Selegiline / MAOBI (Sub-lingual)	Zelapar	Elan	1.25mg (1 x 1.25mg)
Entacapone / COMTI	Comtess	Orion	1000mg (5 x 200mg)

DRUG TITRATION REGIMENS (DOPAMINE AGONISTS)

WEEK	BROMOCRIPTINE	CABERGOLINE	ROPINIROLE	PRAMIPEXOLE
Week 1	1-1.25 mg at night	1 mg once daily	0.25 mg tds	0.125 mg tds
Week 2	2-2.5 mg at night	2 mg once daily [☞]	0.5 mg tds	0.25 mg tds
Week 3	2.5 mg bd	3 mg once daily	0.75 mg tds	0.5 mg tds
Week 4	2.5 mg tds ◆	4 mg once daily	1 mg tds	0.75 mg tds
Week 5	N/A	5 mg once daily	2 + 1 + 1 mg daily	1 mg tds
Week 6	N/A	6 mg once daily	2 + 2 + 1 mg daily	1.25 mg tds
Week 7	N/A	N/A	2 mg tds	1.5mg tds
Week 8	N/A	N/A	4 + 2 + 2 mg daily	N/A
Week 9	N/A	N/A	4 + 4 + 2 mg daily	N/A
Week 10	N/A	N/A	N/A	N/A

◆ Then every 3-10 days: additional 2.5 mg to usual range of 10-40 mgs.

☞ Therapeutic dose 2-6 mg/day

Regimes are derived from Summary of Product Characteristics.

DRUG TITRATION REGIMENS (DOPAMINE AGONISTS)

DAYS	PERGOLIDE
Days 1 and 2	50 µg (microgrammes) once at night
Days 3 and 4	50 µg tds
Days 5 and 6	50 + 100 + 100 µg daily
Days 7 and 8	100 + 100 + 150 µg daily
Days 9 and 10	150 µg tds
Days 11 and 12	200 µg tds
Days 13 and 14	250 µg tds
Days 15, 16 and 17	500 + 250 + 250 µg daily
Days 18, 19 and 20	500 + 500 + 250 µg daily
Days 21, 22 and 23	500 µg tds
Days 24, 25 and 26	750 + 500 + 500 µg daily
Days 27, 28 and 29	750 + 750 + 500 µg daily
Days 30, 31 and 32	750 µg tds
Days 33, 34 and 35	1000 + 750 + 750 µg daily
Days 36, 37 and 38	1000 + 1000 + 750 µg daily
Days 39, 40 and 41	1000 µg tds
Days 42, 43 and 44	1250 + 1000 + 1000 µg daily
Days 45, 46 and 47	1250 + 1250 + 1000 µg daily
Days 48, 49 and 50	1250 µg tds
Days 51, 52 and 53	1500 + 1250 + 1250 µg daily
Days 54, 55 and 56	1500 + 1500 + 1250 µg daily
Days 57, 58 and 59	1500 µg tds
Days 60, 61 and 62	1750 + 1500 + 1500 µg daily
Days 63, 64 and 65	1750 + 1750 + 1500 µg daily
Day 66 onwards	1750 µg tds

µg = microgramme = mcg

TOXICITY OF DRUGS (continued)

Drug	Minor Side Effects	Major Side Effects	Interactions
Pramipexole	Drowsiness Dizziness Stomach upset Nausea Constipation Trouble sleeping Unusual weakness Headache Dry mouth	Difficulty in moving, walking or breathing Restlessness/twitching Muscle pain and/or severe muscle stiffness Leg or foot swelling Irregular heartbeat Chest pain Fainting Confusion Hallucinations Vision problems	Other drugs for Parkinson's disease Drugs used for psychosis, anxiety or depression Tranquillisers Anti-seizure drugs Narcotic pain relievers Sleep medication Certain antihistamines e.g. diphenhydramine Certain muscle relaxants Metoclopramide Cimetidine
Pergolide	Drowsiness Dizziness Loss of appetite Nausea Constipation Headache Dry mouth	Difficulty in moving, walking or breathing Restlessness Muscle pain and/or severe muscle stiffness Leg or foot swelling Irregular heartbeat Chest pain Fainting Fever Confusion Hallucinations Vision problems	Other drugs for Parkinson's disease Drugs used for psychosis, anxiety or depression Tranquillisers Anti-seizure drugs Narcotic pain relievers Sleep medication Certain antihistamines e.g. diphenhydramine, ciprofloxacin Certain muscle relaxants Metoclopramide Cimetidine
Entacapone	Diarrhea Nausea Drowsiness Dizziness	Abdominal pain Dyskinesia Urine discolouration Hallucinations Orthostatic hypotension Hepatic function impairment Renal function impairment	Monoamine oxidase inhibitors

ICECAP-O

ABOUT YOUR QUALITY OF LIFE: By placing a tick (✓) in ONE box in EACH group below, please indicate which statement best describes your quality of life at the moment.

I can have all of the love and friendship that I want	<input type="checkbox"/>
I can have a lot of the love and friendship that I want	<input type="checkbox"/>
I can have a little of the love and friendship that I want	<input type="checkbox"/>
I cannot have any of the love and friendship that I want	<input type="checkbox"/>

2. Thinking about the future

I can think about the future without any concern	<input type="checkbox"/>
I can think about the future with only a little concern	<input type="checkbox"/>
I can only think about the future with some concern	<input type="checkbox"/>
I can only think about the future with a lot of concern	<input type="checkbox"/>

3. Doing things that make you feel valued

I am able to do all of the things that make me feel valued	<input type="checkbox"/>
I am able to do many of the things that make me feel valued	<input type="checkbox"/>
I am able to do a few of the things that make me feel valued	<input type="checkbox"/>
I am unable to do any of the things that make me feel valued	<input type="checkbox"/>

4. Enjoyment and pleasure

I can have all of the enjoyment and pleasure that I want	<input type="checkbox"/>
I can have a lot of the enjoyment and pleasure that I want	<input type="checkbox"/>
I can have a little of the enjoyment and pleasure that I want	<input type="checkbox"/>
I cannot have any of the enjoyment and pleasure that I want	<input type="checkbox"/>

5. Independence

I am able to be completely independent	<input type="checkbox"/>
I am able to be independent in many things	<input type="checkbox"/>
I am able to be independent in a few things	<input type="checkbox"/>
I am unable to be at all independent	<input type="checkbox"/>

<p>Tick one box only in each section</p>

Carer Experience Scale

PLEASE TICK ONE BOX FOR EACH GROUP to indicate which statement best describes your current caring situation.	
1. Activities outside caring (<i>Socialising, physical activity and spending time on hobbies, leisure or study</i>)	<input type="checkbox"/> ₁
You can do most of the other things you want to do outside caring	<input type="checkbox"/> ₂
You can do some of the other things you want to do outside caring	<input type="checkbox"/> ₃
You can do few of the other things you want to do outside caring	<input type="checkbox"/> ₃
2. Support from family and friends (<i>Personal help in caring and/or emotional support from family, friends, neighbours or work colleagues</i>)	<input type="checkbox"/> ₁
You get a lot of support from family and friends	<input type="checkbox"/> ₂
You get some support from family and friends	<input type="checkbox"/> ₃
You get little support from family and friends	<input type="checkbox"/> ₃
3. Assistance from organisations and the Government (<i>Help from public, private or voluntary groups in terms of benefits, respite and practical information</i>)	<input type="checkbox"/> ₁
You get a lot of assistance from organisations and the Government	<input type="checkbox"/> ₂
You get some assistance from organisations and the Government	<input type="checkbox"/> ₃
You get little assistance from organisations and the Government	<input type="checkbox"/> ₃
4. Fulfilment from caring (<i>Positive feelings from providing care, which may come from: making the person you care for happy, maintaining their dignity, being appreciated, fulfilling your responsibility, gaining new skills or contributing to the care of the person you look after</i>)	<input type="checkbox"/> ₁
You mostly find caring fulfilling	<input type="checkbox"/> ₂
You sometimes find caring fulfilling	<input type="checkbox"/> ₃
You rarely find caring fulfilling	<input type="checkbox"/> ₃
5. Control over the caring (<i>Your ability to influence the overall care of the person you look after</i>)	<input type="checkbox"/> ₁
You are in control of most aspects of the caring	<input type="checkbox"/> ₂
You are in control of some aspects of the caring	<input type="checkbox"/> ₃
You are in control of few aspects of the caring	<input type="checkbox"/> ₃
6. Getting on with the person you care for (<i>Being able to talk with the person you look after, and discuss things without arguing</i>)	<input type="checkbox"/> ₁
You mostly get on with the person you care for	<input type="checkbox"/> ₂
You sometimes get on with the person you care for	<input type="checkbox"/> ₃
You rarely get on with the person you care for	<input type="checkbox"/> ₃

Lost To Follow UP

Dear <Title> <Surname>

I'm writing from the PD MED study office at the University of Birmingham. You very kindly agreed to take part in this Department of Health study, which aims to find out which of several possible treatments gives the best overall quality of life, with the fewest undesirable side effects, for people with Parkinson's disease. A strength of PD MED is that it is patients not doctors who say how their treatment affects their quality of life. But, we notice that you haven't completed the last two questionnaires that we sent you and would like to find out whether you received them or if there is any problem that makes completing questionnaires difficult for you. For the PD MED trial to provide reliable results that will help improve treatment of Parkinson's disease, it is very important that we know if patients are too ill to complete forms and so, if this applies to you, any information that you can provide us about your current health would be very helpful.

Could you please tick the boxes below that apply to you:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I can complete PD MED questionnaires if you send them to me | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I could complete a short version of the questionnaire (just 8 questions) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Could you telephone me to ask the PD MED questions about my health
Telephone number: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. A spouse/ relative/ friend can complete PD MED questionnaires for me
Name: _____ Telephone: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Could you ask one of the nurses to help me complete the questions | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I won't be able to complete any more forms | <input type="checkbox"/> | <input type="checkbox"/> |

If not, it would help if you could tell us why: _____

Thank you for your help.

Please return the form in the enclosed stamped addressed envelope

Dr Caroline Rick

PD MED Study Coordinator