

# DANCING WITH PARKINSON'S QUESTIONNAIRE



Thank you for taking part in the Dancing with Parkinson's (DWP) Evaluation Project! This survey is a follow-up to the survey that you completed before the summer break. The information you provide, along with the previous information, will be used to improve DWP so it is important you share your experiences and thoughts openly and freely. We anticipate that this should take 6-8 minutes of your time.

**1. How long have you been coming to the DWP classes?**

*Please select one response.*

- Less than a month
- 1 to 6 months
- 7 months to a year
- 1 to 3 years
- Over 3 years

## HEALTH

**1. How would you describe your general health currently?**

*Please select one response.*

- Excellent
- Very good
- Good
- Fair
- Poor

**2. How would you describe your functional mobility currently? (e.g. Walking, wheelchair, stairs, standing up, getting into the shower/bath)**

*Please select one response.*

- Fully independent
- Independent with use of a device but no physical help
- Need *minimal* hands-on assistance (I perform >75% of mobility task)
- Need *moderate* hands-on assistance
- Need *frequent* hands-on assistance (I perform < 25% of mobility task)



**4. How would you rate your ability to:**

a) **Brush your own teeth?** *Please select one response.*

- Fully independent
- Need minimal assistance (I perform more than 75% of task)
- Need moderate assistance
- Need total assistance (I perform less than 25% of task)

b) **Give yourself a bath?** *Please select one response.*

- Fully independent
- Independent with use of a device but no physical help
- Need minimal assistance (I perform more than 75% of task)
- Need moderate assistance
- Need total assistance (I perform less than 25% of task)

c) **Dress yourself?** *Please select one response.*

- Fully independent
- Need minimal assistance (I perform more than 75% of task)
- Need moderate assistance
- Need total assistance (I perform less than 25% of task)

**5. How comfortable are you expressing yourself or communicating with others?**

*Please select one response.*

- Very comfortable
- Somewhat comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable

**6. During the summer, how many hours a week did you spend exercising?**

*Please select one response.*

- Less than an hour each week
- Between 1 to 2 hours
- Between 2 to 3 hours
- Between 3 to 4 hours
- Between 4 to 5 hours
- More than 5 hours per week

**7. Please list any physical activities that you engaged in during the summer.**

<b>Activity</b>	<b>Time Spent?</b> (example, 30 minutes for 2x each week)

**THANK YOU FOR YOUR TIME!**