

DANCING WITH PARKINSON'S QUESTIONNAIRE



Thank you for taking part in the Dancing with Parkinson's (DWP) Evaluation Project! This survey is a baseline assessment of your experience with DWP. It will help us learn about whether and how DWP is working for you. This information you provide 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 25 minutes of your time.

GENERAL INFORMATION ABOUT THE CLASS

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

2. How often do you attend DWP classes?

Please select one response.

- More than once a week
- Once a week
- Every other week
- Once a month
- Other: _____

3. Do you come with a care giver?

Please circle one

Yes /No

4. How much do you enjoy the classes overall?

Please select one response.

- Very much
- Quite a bit
- Somewhat
- A little
- Not at all

5. Do you enjoy being in a class with people who have varying degrees of PD symptoms?

Please circle one

Yes /No

6. Are you comfortable with the amount of physical and emotional support the DWP staffs are able to offer?

Please circle one

Yes /No

7. Do you feel your safety is a priority of the DWP staff?

Please circle one

Yes /No

If no, please describe.

8. How did you hear about DWP?

Please select as many responses as needed.

- Friend or family member
- Someone who took the class before
- Doctor
- Website
- TV or radio
- Other (please specify): _____

9. Would you recommend DWP to others?

Please circle one Yes /No

10. Why did you start coming to the classes? What was your motivation for coming?

11. Why do you continue to come to the classes? What is it that keeps you coming back?

12. Had you danced regularly before joining DWP?

Please circle one

Yes /No

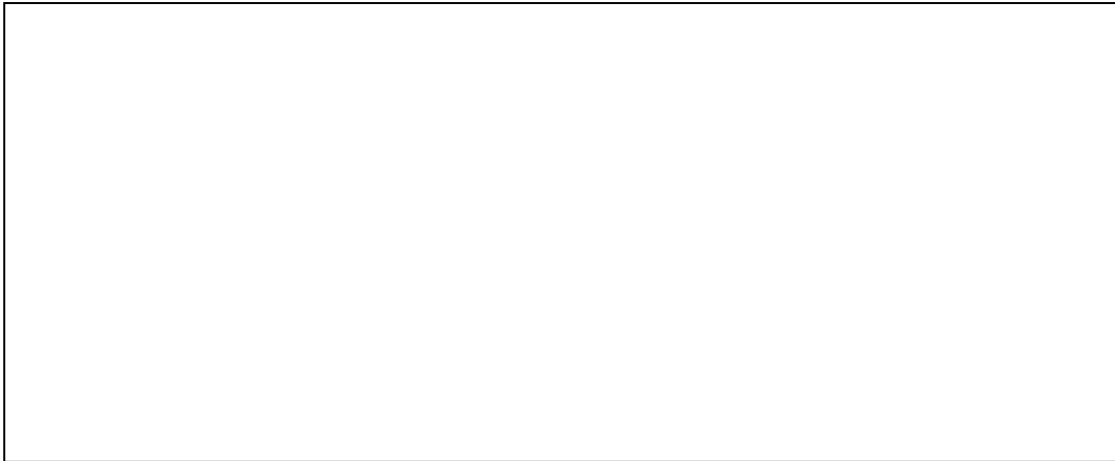
a) If so, when did you dance and for how long?

b) What kind of dancing did you do?

Please select as many responses as needed.

- Ballet
- Modern
- Broadway
- Latin
- Tango
- Ballroom
- Swing
- Jazz
- Other: _____

13. What do you like most about DWP classes?



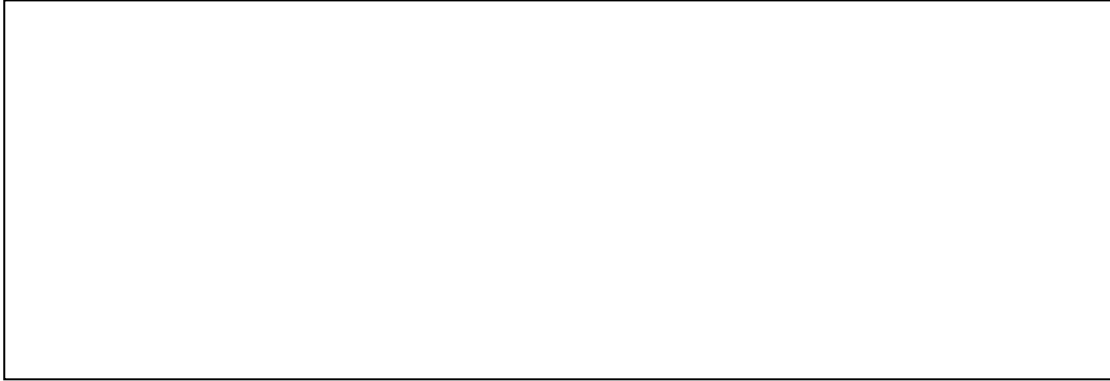
14. What do you find most challenging about the class?



15. What do you like least about DWP classes? How can this be improved?



16. What have you noticed about how music has influenced your *emotions*, *movements* and *overall experience*? What is it about the music that affects you in a noticeable way?

A large, empty rectangular box with a thin black border, intended for the student to write their response to the question above.

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)

3. During the one-hour dance class, do you notice that certain movements become easier as the class progresses?

Please circle one

Yes /No

If yes, please describe.

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. How many hours a week do you spend exercising?

Please select one response.

- Less than an hour
- Between 1 to 2 hours
- Between 2 to 3 hours
- More than 3 hours

7. Do you currently participate in any other physical activity programs?

Please circle one

Yes /No

a) If so, what are they and how long have you been doing them?

Activity	For How long?

b) How frequently do you attend?

Please select one response.

- More than once a week
- Once a week
- Every other week
- Once a month
- Other: _____

c) How do these activities compare to DWP dance classes?

THANK YOU FOR YOUR TIME!