

## **Initial Questionnaire PD Exercise Programme**

### **Caregivers**

**Study Title** Assessing the Impact of Exercise Classes on Non-Motor Symptoms in People with Parkinson's during the COVID-19 Pandemic.

**Please enter your email address \*required to answer the survey.**

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#### **Part 1. A bit about You.**

To which gender do you most identify?

- Male
- Female
- Transgender male
- Transgender female
- Non-binary/Non-conforming
- Prefer not to answer
- Other

What is your age in years?

- Under 30
- 31-34
- 35-40
- 41-44
- 45-50
- 51-54
- 55-60
- 61-64
- 65-70
- 71-74
- 75-80
- Over 80

Which Province are you currently in?

- Munster: Clare, Cork, Kerry, Limerick, Tipperary and Waterford.
- Connacht: Galway, Leitrim, Mayo, Roscommon and Sligo.
- Leinster: Carlow, Dublin, Kildare, Kilkenny, Laois, Longford, Louth, Meath, Offaly, Westmeath, Wexford and Wicklow.
- Ulster: Cavan, Monaghan and Donegal.

**Part 2. A bit about the COVID-19 pandemic and Lockdown situation. Please answer the following questions, thinking back over the past month.**

**What is the current level of lockdown where you live at the moment?**

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5

Has your permanent residence changed due to COVID-19 virus?

- Yes
- No
- Not applicable

How serious do you think the COVID-19 virus is in your county?

- Very serious
- Serious
- Neutral
- Not very serious
- Not serious at all

How often do you update yourself about the COVID-19 virus?

- Several times a day
- Daily
- Every second day
- A few times a week
- Once a week/Never
- Not applicable

Do you live with people deemed high risk for COVID-19?

- Yes, others in my household
- Yes, Myself
- Yes, Myself and others in my household
- No
- Not applicable

Have you had a positive test for the COVID-19 virus?

- Yes
- No
- Not sure

Has anyone you live with had a positive test for the COVID-19 virus?

- Yes
- No
- Not sure

Do you worry about getting the COVID-19 virus?

- Very much
- Much
- Somewhat
- A little
- Not at all
- Not applicable

Have you received the COVID-19 vaccine?

- Yes
- No
- Not sure

Which of the vaccines have you received?

- AstraZenca Vaccine
- Moderna Vaccine
- Pfizer Vaccine
- Not applicable
- Not sure
- Other....

**Part 3. Due to being a carer, how often during the last 4 weeks have you...**

Found you could not sleep through the night?

- Never
- Occasionally
- Sometimes
- Often
- Always

Found it difficult to get out to do the shopping?

- Never
- Occasionally
- Sometimes
- Often
- Always

Found the demands of caring physically difficult?

- Never

- Occasionally
- Sometimes
- Often
- Always

Felt anxious because of the responsibility of caring?

- Never
- Occasionally
- Sometimes
- Often
- Always

Been prevented from pursuing hobbies and other interests?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt worried about your own physical health?

- Never
- Occasionally
- Sometimes
- Often
- Always

Thought that your caring role was taken for granted by others?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt that relationships with friends have been affected?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt impatient with the person you care for?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt exhausted?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt worried about the future?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt you lacked the energy and motivation to do the things you enjoy?

- Never
- Occasionally
- Sometimes
- Often
- Always

Taken less care with your diet?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt more withdrawn because of your caring role?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt depressed?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt less in control of your temper than before you became a carer?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt worried about what would happen if you were unwell?

- Never
- Occasionally
- Sometimes
- Often
- Always

Been limited in what you can do socially?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt that your workload around the house has increased significantly?

- Never
- Occasionally
- Sometimes
- Often
- Always

Found it difficult to see friends and family?

- Never
- Occasionally
- Sometimes
- Often
- Always

Found it difficult to leave the person you care for alone for more than one hour?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt that your physical health has been affected by your caring role?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt that you are responsible for everything at home?

- Never

- Occasionally
- Sometimes
- Often
- Always

Felt that you cannot do things on the spur of the moment?

- Never
- Occasionally
- Sometimes
- Often
- Always

Found it difficult to be involved in activities which require commitment (e.g. volunteering work or regularly meeting friends)?

- Never
- Occasionally
- Sometimes
- Often
- Always

Paid less attention to your own health (e.g. put off visiting a doctor, ignored symptoms etc.)?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt unable to go on holiday or take short breaks?

- Never
- Occasionally
- Sometimes
- Often
- Always

Felt responsible for Parkinson's disease medication being available and/or taken at appropriate times?



- Never
- Occasionally
- Sometimes
- Often
- Always

Had to limit outings because you worry that the person you care for won't be able to cope?

- Never
- Occasionally
- Sometimes
- Often
- Always

**Questionnaire complete.**

**Thank you for completing this questionnaire. We appreciate your help with our research.**