

Parkinson's Disease Carer Questionnaire (PDQ-Carer)

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

Please **tick one box** for each question

	Never	Occasionally	Sometimes	Often	Always
1. Found you could not sleep through the night?	☐	☐	☐	☐	☐
2. Found it difficult to get out to do the shopping?	☐	☐	☐	☐	☐
3. Found the demands of caring physically difficult?	☐	☐	☐	☐	☐
4. Felt anxious because of the responsibility of caring?	☐	☐	☐	☐	☐
5. Been prevented from pursuing hobbies and other interests?	☐	☐	☐	☐	☐
6. Felt worried about your own physical health?	☐	☐	☐	☐	☐
7. Thought that your caring role was taken for granted by others?	☐	☐	☐	☐	☐

Please check that you have **ticked one box for each question**
before going onto the next page.

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	Never	Occasionally	Sometimes	Often	Always
8. Felt that relationships with friends have been affected?	☐	☐	☐	☐	☐
9. Felt impatient with the person you care for?	☐	☐	☐	☐	☐
10. Felt exhausted?	☐	☐	☐	☐	☐
11. Felt worried about the future?	☐	☐	☐	☐	☐
12. Felt you lacked the energy and motivation to do the things you enjoy?	☐	☐	☐	☐	☐
13. Taken less care with your diet?	☐	☐	☐	☐	☐
14. Felt more withdrawn because of your caring role?	☐	☐	☐	☐	☐
15. Felt depressed?	☐	☐	☐	☐	☐

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	Never	Occasionally	Sometimes	Often	Always
16. Felt less in control of your temper than before you became a carer?	☐	☐	☐	☐	☐
17. Felt worried about what would happen if you were unwell?	☐	☐	☐	☐	☐
18. Been limited in what you can do socially?	☐	☐	☐	☐	☐
19. Felt that your workload around the house has increased significantly?	☐	☐	☐	☐	☐
20. Found it difficult to see friends and family?	☐	☐	☐	☐	☐
21. Found it difficult to leave the person you care for alone for more than one hour?	☐	☐	☐	☐	☐
22. Felt that your physical health has been affected by your caring role?	☐	☐	☐	☐	☐
23. Felt that you are responsible for everything at home?	☐	☐	☐	☐	☐

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how often during the last 4 weeks have you...

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	Never	Occasionally	Sometimes	Often	Always
24. Felt that you cannot do things on the spur of the moment?	☐	☐	☐	☐	☐
25. Found it difficult to be involved in activities which require commitment (e.g. volunteering work or regularly meeting friends)?	☐	☐	☐	☐	☐
26. Paid less attention to your own health (e.g. put off visiting a doctor, ignored symptoms etc.)?	☐	☐	☐	☐	☐
27. Felt unable to go on holiday or take short breaks?	☐	☐	☐	☐	☐
28. Felt responsible for Parkinson's disease medication being available and/or taken at appropriate times?	☐	☐	☐	☐	☐
29. Had to limit outings because you worry that the person you care for won't be able to cope?	☐	☐	☐	☐	☐

Please check that you have **ticked one box for each question**.

Thank you for completing this questionnaire.