



pacificneuroscience

PAC-25: Parkinson’s Associated Conditions

Dear patient:

Are you bothered by any of the following problems? If not, please indicate this by placing a checkmark in the first box, for each symptom that does not affect you. If any of these symptoms bothers you, please indicate if it is currently a **minor** or **major** problem. Thank you!

(absent or not a problem)
(minor problem)
(major problem)

symptom	0	1	2
anorexia (loss of normal appetite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
edema (swelling of the legs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
urinary frequency (urinating too frequently during the day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nocturia (having to urinate during the nighttime hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
impotence (erectile dysfunction, ED, difficulty achieving or sustaining an erection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
restless legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
insomnia (difficulty falling or staying sleep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dreams (only indicate if these are abnormal, excessive, or bothersome)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sleepiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fatigue (lack of energy that is distinct from sleepiness; weariness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dyskinesias (abnormal extra dancing or twisting movements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dystonia (sustained muscle spasms, can be uncomfortable or painful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
low back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visual hallucinations (seeing imaginary images when wide awake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
delusions (having beliefs that others consider odd or abnormal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compulsive behavior (such as gambling, shopping, internet, hobbies; only if excessive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
excessive libido (sexual interest or desire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trouble coming up with the right word(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other cognitive problems (such as impaired attention, problem solving, or visual processing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>