



# Parkinson's Follow Up

Patient Name: \_\_\_\_\_ (Patient ID)

Date of Birth (DOB): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Op Note Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Most recent procedure date)

Treatment Center: \_\_\_\_\_

Date of Questionnaire Completion: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time Period (please circle):

- Baseline (0 days, No more than 1 week prior to procedure)
- 1 day (24 hours)
- 1 week (7 days)
- 1 Month (30 days)
- 3 Months (90 days)
- 6 Months (180 days)
- 9 Months (270 days)
- 1 year (360 days or 12 months)
- 1 year 3 months (450 days or 15 months)
- 1 year 6 months (540 days or 18 months)
- 1 year 9 months (630 days or 21 months)
- 2 years (720 days or 24 months)
- 2 years 3 months (810 days or 27 months)
- 2 years 6 months (900 days or 30 months)
- 2 years 9 months (990 days or 33 months)
- 3 years (1,080 days or 36 months)
- 4 years (1,440 days or 48 months)
- 5 years (1,800 days or 60 months)

**OFFICE ONLY**

True Time Period Months: \_\_\_\_\_ Month/s

Rounded Time Period Months: \_\_\_\_\_ Month/s

	<b>Question</b>	<b>Time Allowed</b>	<b>Score</b>
1	a. What year is this?	10 seconds	/1
	b. Which season is this?	10 seconds	/1
	c. What month is this?	10 seconds	/1
	d. What is today's date?	10 seconds	/1
	e. What day of the week is this?	10 seconds	/1
2	a. What country are we in?	10 seconds	/1
	b. What province are we in?	10 seconds	/1
	c. What city/town are we in?	10 seconds	/1
	d. IN HOME- What is the street address of this house? IN FACILITY- What is the name of this building?	10 seconds	/1
	e. IN HOME- What room are we in? IN FACILITY- What floor are we on?	10 seconds	/1

	<u>Question</u>	<u>Time Allowed</u>	<u>Score</u>
3	SAY- I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Say the following words slowly at 1-second intervals- Ball/Car/Man	20 seconds	/3
4	Spell the word WORLD. Now spell it backwards.	30 seconds	/5
5	Now what were the three objects I asked you to remember?	10 seconds	/3
6	SHOW wristband. ASK: What is this called?	10 seconds	/1
7	SHOW pencil. ASK: What is this called?	10 seconds	/1
8	SAY: I would like you to repeat this phrase after me: No ifs, ands or buts.	10 seconds	/1
9	SAY: Read the words on the page and then do what it says. Then hand the person the sheet with CLOSE YOUR EYES on it. If the subject reads and does not lose their eyes, repeat up to three times. Score only if subject closes eyes	10 seconds	/1
10	HAND the person a pencil and paper. SAY: Write any complete sentence on that piece of paper. (Note: The sentence must make sense. Ignore spelling errors)	30 seconds	/1
11	<p>PLACE design, eraser and pencil in front of the person. SAY: Copy this design please.</p>  <p>Allow multiple tries. Wait until person is finished and hands it back. Score only for correctly copied diagram with a 4-sided figure between two 5-sided figures.</p>	1 minute	/1
12	<p>ASK the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person. SAY: Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor. Score 1 point for each instruction executed correctly. Takes paper correctly in hand Folds it in half Puts it on the floor</p>	30 seconds	/1 /1 /1
<b>TOTAL TEST SCORE:</b>			<b>/30</b>

**At any point in time after your deployment, did you notice improvement? (Please circle)**

Yes

No

**When did you notice your first response?**

Date: \_\_\_/\_\_\_/\_\_\_ ( \_\_\_ # day/s, \_\_\_ # week/s, \_\_\_ # month/s, \_\_\_ # year/s)

**When did your improvement hit its peak, if it has?**

Date: \_\_\_/\_\_\_/\_\_\_ ( \_\_\_ # day/s, \_\_\_ # week/s, \_\_\_ # month/s, \_\_\_ # year/s)

I don't know / Not Applicable

**If applicable, how long did your improvement last before it reverted back to original symptoms?**

Date: \_\_\_/\_\_\_/\_\_\_ ( \_\_\_ # day/s, \_\_\_ # week/s, \_\_\_ # month/s, \_\_\_ # year/s)

**Circle one answer below that best describes how the stem cell deployment has worked for you so far:**

I still have good improvement

I still have some improvement

I am almost back/back to my original symptoms I had before my stem cell deployment

**Have you had any adverse events from your SVF procedure?**

Yes

No

*If yes, please explain your adverse event/s:*

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**Have you been diagnosed with a tumor or cancer since your SVF deployment?**

Yes

No

*If yes, please explain:*

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**Additional Notes:**

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