

PD REHAB Trial Participant	Name:	Trial No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DOB:	Date of Interview:

<p>1) INDOOR MOBILITY</p> <p>Prompts:</p> <p><i>Turning</i></p> <p><i>Freezing</i></p> <p><i>Initiation</i></p> <p><i>Carrying items / Multi Tasking</i></p> <p><i>Stairs</i></p>	
<p>2) OUTDOOR MOBILITY & TRAVEL</p> <p>Prompts:</p> <p><i>Freezing</i></p> <p><i>Confidence</i></p> <p><i>Frequency & Destination</i></p> <p><i>Driving</i></p> <p><i>Car Transfers</i></p> <p><i>Public transport</i></p>	
<p>3) FALLS</p> <p>Prompts:</p> <p><i>When (Time of Day)</i></p> <p><i>What (Doing)</i></p> <p><i>Where</i></p> <p>Strategies</p> <p>Alarm systems</p>	
<p>4) TRANSFERS</p> <p>Prompts:</p> <p><i>Sit to Stand</i></p> <p><i>Bed Mobility</i></p> <p><i>Bathing/Showering</i></p> <p><i>Toilet (Day & Night)</i></p>	
<p>5) DRESSING / GROOMING</p> <p>Prompts:</p> <p><i>Timing</i></p> <p><i>Location/Position</i></p> <p><i>Buttons & fastenings</i></p>	
<p>6) EATING / DRINKING</p> <p>Prompts:</p> <p><i>Use of Cutlery</i></p> <p><i>Drinking</i></p> <p><i>Positioning</i></p> <p><i>Eating Out</i></p>	

<p>7) ENVIRONMENTAL ISSUES</p> <p>Prompts:</p> <p><i>Handrails</i></p> <p><i>Steps</i></p> <p><i>Banisters</i></p> <p><i>Organisation of furniture</i></p>	
<p>8) HOUSEHOLD TASKS</p> <p>Prompts:</p> <p><i>Shopping</i></p> <p><i>Handling Money</i></p> <p><i>Cooking</i></p> <p><i>House Work</i></p> <p><i>Paperwork & home management</i></p>	
<p>9) COGNITIVE/EMOTIONAL</p> <p>Prompts:</p> <p><i>Executive Functions</i></p> <p><i>Visuospatial</i></p> <p><i>Decision Making</i></p> <p><i>Depression</i></p> <p><i>Memory</i></p> <p><i>Anxiety</i></p> <p><i>Apathy</i></p> <p><i>Mood</i></p>	
<p>10) COMMUNICATION</p> <p>Prompts:</p> <p><i>Speech</i></p> <p><i>Handwriting</i></p> <p><i>Phone</i></p> <p><i>Computer</i></p>	
<p>11) SOCIAL ACTIVITIES</p> <p>Prompts:</p> <p><i>Frequency & Location</i></p>	
<p>12) SUPPORT</p> <p>Prompts:</p> <p><i>Carers</i></p> <p><i>Allowances / Benefits</i></p> <p><i>Contact with PDS</i></p>	
<p>13) SLEEPING & FATIGUE</p> <p>Prompts:</p> <p><i>Routine</i></p> <p><i>Daytime Sleeping</i></p> <p><i>Energy Levels</i></p>	
<p>14) EMPLOYMENT</p> <p>Prompts:</p> <p><i>Contract Hours</i></p> <p><i>Difficulties</i></p>	

Form Completed By: _____

Signed: _____ Date: _____