

Patient's ID:

Patient's Age:

Patient's Initials:

Date:

INSTRUCTIONS

Making Informed Decisions to Aid Timely Management of Parkinson's Disease (MANAGE-PD) is a screening tool intended to be used by health care professionals (HCPs). This tool is aiming to support HCP's decision making for the timely management of Parkinson's Disease (PD) symptoms based on comprehensive evaluation of frequency and severity of the motor, non-motor and functional symptoms.

This questionnaire consists of two parts: Section 1 and Section 2. Symptoms should be assessed based on the **previous 1 month**.

This tool does not give guidance concerning the type of device-aided therapy, but gives an indication that this type of therapy can be considered.

UPON COMPLETION OF THE RELEVANT SECTIONS, THE PATIENT WILL BE CATEGORISED INTO ONE OF THREE CATEGORIES

1

CATEGORY 1

Patient may be controlled on the current treatment regimen.

Continue monitoring the patient based on best medical treatment and your professional judgment/clinical guidelines.

2

CATEGORY 2

Patient may not be controlled on the current treatment regimen. However, **additional benefits may be obtained from further treatment optimisation.**

Device-aided therapies may not be needed at this time. However, use your patient's medical history, treatment preference and your best medical judgement for treatment recommendation.

3

CATEGORY 3

Patient may not be controlled on the current treatment regimen and **may benefit from device-aided therapy.**

It is suggested that you evaluate eligibility for device-aided therapy based on patient's medical history, treatment preference and your best medical judgment for treatment recommendation.

SECTION 1

This section allows you to **screen which patients with Parkinson's disease may have inadequate control on their current treatment regimen.**

Please start by completing the five questions (**YES or NO**). If the answer is **NO** to **ALL** questions in Section 1, then the patient is classified as **Category 1** (please see above for explanation of this category). If the answer is **YES** to **ANY** question in Section 1, **please follow the guidance in each case.**

Please check the appropriate answer for each question ✕

1. How many daily doses of levodopa does the patient report taking?	<input type="checkbox"/> ≤3 doses		<input type="checkbox"/> 4 doses		<input type="checkbox"/> ≥5 doses	
2. Is the patient experiencing a total of ≥ 2 hours daily with "off" time?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3. Is the patient experiencing unpredictable fluctuations of motor symptoms with current oral treatment?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. Is the patient experiencing troublesome dyskinesia (involuntary, choreic movements) with current oral treatment?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. Is the patient presently limited in performing one or more activities of daily living (eg, writing, walking, bathing, dressing, eating, toileting, etc.)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	If ALL answers are checked here patient is classified as CATEGORY 1		If YES to any questions the patient is classified as CATEGORY 2		If ALL answers are checked here patient is classified as CATEGORY 1	
			If YES to any questions please COMPLETE SECTION 2 NEXT PAGE >>		Patients on ≥ 5 doses of levodopa should be assessed further. Please COMPLETE SECTION 2 NEXT PAGE >>	

SECTION 2

Complete only for patients on ≥ 4 doses of levodopa from section 1

This section assesses the frequency and severity of several key symptoms. **If responses to any of the questions below is unknown, you may assume that the patient does not experience the symptom and rate it as zero.**

SECTION 2 SCORING:

- **Frequency score:** **0**= Never, **1**= Rarely (≤ 1 /week), **2**= Sometimes (several times per week), **3**= Most/All the time (daily).
- **Severity score:** **1**= Mild, **2**= Moderate, **3**= Severe.
- **Level of independence** (Activities of Daily Living): **0**= Independent in all activities, **1**= Independent in most activities, **2**= Needs assistance/dependent in some activities, **3**= Totally dependent in all activities.
- **Falls per month:** **0**= No falls, **1**= 1 fall, **2**= 2 or more falls.

The **TOTAL SCORE CALCULATION** for each question should be obtained by the multiplication of frequency and severity (frequency X severity).

RESULTS INTERPRETATION: The highest category achieved on any individual question should be the one used for patient categorisation. See guidance included at the bottom of each set of questions.

Please note: the scores for “**Dystonia with pain**” and “**Impulse control disorder**” have been provided for your information so that you can consider these domains when evaluating your patient for treatment recommendations. The severity and frequency of these scores do not affect the outcome of the instrument. Please check the appropriate answer for each question **X**

MOTOR FLUCTUATIONS If answer to Q3 on SECTION 1 is NO, please skip this question

How often are the motor fluctuations unpredictable?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
How severe/troublesome are the motor fluctuations ?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE (frequency X severity)

FREEZING OF GAIT

How often is the patient experiencing freezing of gait during “off” time?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
How severe/troublesome are the episodes of freezing of gait during “off” time?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE (frequency X severity)

NON-MOTOR SYMPTOMS

How often is the patient experiencing non-motor “off” symptoms (eg, anxiety, pain, mood changes, sleep, etc.)?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
How severe/troublesome are the non-motor “off” symptoms ?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE (frequency X severity)

HALLUCINATION/PSYCHOSIS

How often does the patient experience hallucination/psychosis without insight?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
How severe/troublesome are the episodes of hallucination/psychosis without insight?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE (frequency X severity)

IF TOTAL SCORE IS 3 OR MORE TO ANY OF THESE QUESTIONS = CATEGORY 3. ANYTHING ELSE CATEGORY 2

OFF - TIME If answer to Q2 on SECTION 1 is NO, please skip this question

How severe/troublesome are the “off” time periods in the patient with current oral treatment?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE

DYSKINESIA If answer to Q4 on SECTION 1 is NO, please skip this question

How often is the patient experiencing troublesome dyskinesia ?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
					TOTAL SCORE

ADL IMPAIRMENT If answer to Q5 on SECTION 1 is NO, please skip this question

What level of assistance or support does the patient need in performing one or more activities of daily living (eg, walking, bathing, dressing, eating, toileting, etc.)?	<input type="radio"/> 0 Independent in all activities	<input type="radio"/> 1 Independent in most activities	<input type="radio"/> 2 Needs assistance/dependent in some activities	<input type="radio"/> 3 Totally dependent in all activities	
					TOTAL SCORE

IF TOTAL SCORE IS 2 OR 3 TO ANY OF THESE QUESTIONS = CATEGORY 3. ANYTHING ELSE CATEGORY 2

FALLS

How often did the patient fall in the past month?	<input type="radio"/> 0 No falls	<input type="radio"/> 1 1 fall	<input type="radio"/> 2 2 or more falls	
				TOTAL SCORE

IF SCORE 1 OR 2 = CATEGORY 3. ANYTHING ELSE CATEGORY 2

DYSTONIA

How often is the patient experiencing dystonia with pain?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
How severe/troublesome is the dystonia with pain?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE (frequency X severity)

IMPULSE CONTROL DISORDER

How often is the patient experiencing impulse control disorder ?	<input type="radio"/> 0 Never	<input type="radio"/> 1 Rarely	<input type="radio"/> 2 Sometimes	<input type="radio"/> 3 Most/All the time	
How severe/troublesome is the impairment due to ICD?		<input type="radio"/> 1 Mild	<input type="radio"/> 2 Moderate	<input type="radio"/> 3 Severe	
					TOTAL SCORE (frequency X severity)

FOR INFORMATIVE PURPOSES