

## APPENDIXES

### APPENDIX 1a

Questionnaire for the individual with Parkinson disease

Name:

Age/Sex:

Do you have speech/voice or swallowing difficulties?

- Yes
- No

If yes, have you been referred to a speech therapist for regular speech therapy?

- Yes
- No

If no, have you been referred to a speech therapist for consultation to rule out any difficulties, since symptoms may occur at a later point in time

- Yes
- No

Speech therapy is NOT an option because

- We were not referred
- No speech difficulties
- Cannot travel for therapy/financial difficulties
- Cannot find therapist
- Therapist does not recommend long-term therapy
- Parkinson's is progressive, no point in taking therapy

Other

Do you have any physical difficulty?

- Yes
- No

Are you taking physiotherapy?

- Yes
- No