

General Review of Systems for Patient's with Implanted DBS Systems

Below is a questionnaire designed to address issues common to DBS. It is not designed as a Review of Systems related to the underlying disease for which the patient is being treated with DBS. It is not exhaustive and the physician and healthcare professional are solely responsible to obtain the necessary information in order to provide the patient with optimal care which they acknowledge with the use of this questionnaire.

1. Patient's last name: _____

2. Patient's first name: _____

3. Patient's middle initial if appropriate: _____

4. Patient's date of birth: _____

5. Patient's medical record number if known: _____

6. Date questionnaire completed: _____

7. Who is completing this questionnaire?

(1) The patient with or without the assistance of another.

(2) Someone other than the patient. If so who is completing the questionnaire and what is their relation to the patient?

8. Is the patient responsible for his or her own medical decisions?

(3) Yes

(4) Yes but another person also makes medical decisions.

(5) No, if not who is responsible?

9. IF THE PATIENT IS NOT RESPONSIBLE FOR HIS OR HER OWN MEDICAL DECISIONS, does the person responsible for the patient's medical decisions have a Durable Power of Attorney for Health Care?

(6) Yes

(7) No

(8) Not sure

10. Is the patient being treated with Deep Brain Stimulation (DBS)?

- (9) Yes
- (10) No
- (11) Not sure

11. IF THE PATIENT IS BEING TREATED WITH DEEP BRAIN STIMULATION (DBS), is the patient having a good and acceptable response to the Deep Brain Stimulation (DBS)?

- (12) Yes
- (13) No
- (14) Not sure

12. IF THE PATIENT IS BEING TREATED WITH DEEP BRAIN STIMULATION (DBS), is there any redness or sores around the location of the implanted Deep Brain Stimulation (DBS) hardware?

- (15) Yes
- (16) No
- (17) Not sure

13. IF THE PATIENT IS BEING TREATED WITH DEEP BRAIN STIMULATION (DBS), is there any pain or unusual sensations around the location of the implanted Deep Brain Stimulation (DBS) hardware?

- (18) Yes
- (19) No
- (20) Not sure

14. IF THE PATIENT IS BEING TREATED WITH DEEP BRAIN STIMULATION (DBS), does the patient, family member, or caregiver routinely check the battery in the implanted Deep Brain Stimulation (DBS) system?

- (21) Yes
- (22) No
- (23) Not sure

15. IF THE PATIENT IS BEING TREATED WITH DEEP BRAIN STIMULATION (DBS), and If the patient has a rechargeable Deep Brain Stimulation (DBS) battery, does the patient, family member, or caregiver routinely recharge the battery?

(24) Yes

(25) No

(26) Not sure

16. Does the patient have depression?

(27) Yes

(28) No

(29) Not sure

17. IF THE PATIENT HAS DEPRESSION, has the patient have thoughts of ending his or her life or expressed any intentions of ending his or her life?

(30) Yes

(31) No

(32) Not sure

18. Does the patient have problems with impulse control such as but not limited to but not limited to excessive gambling, spending money, playing videogames or repetitive and seemingly pointless activities?

(33) Yes

(34) No

(35) Not sure

19. Consider when the patient is his or her best during the day, even for a few minutes and then consider when the patient is at his or her worst. Is there any difference?

(36) Yes

(37) No

(38) Not sure

20. IF THERE IS NO DIFFERENCE IN THE PATIENT AT HIS OR HER BEST DURING THE DAY, EVEN FOR A FEW MINUTES COMPARED TO WHEN THE PATIENT IS AT HIS OR HER WORST, are the patient's symptoms under good control?

- (39) Yes
- (40) No
- (41) Not sure

21. When the patient is at his or her best, even for a short time, chose the item that best describes the patient. Please review all 6 of the following responses before choosing only 1 of them.

- (42) The patient is pretty much able to do everything that he or she wishes. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.
- (43) The patient can perform all activities needed or desired independently but the patient clearly is not normal. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.
- (44) The patient can perform all activities needed or desired but the patient needs help with some activities AND this is not due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.
- (45) The patient cannot perform all activities needed or desired independently and the patient needs help with most activities AND this is not due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.
- (46) The patient can perform all activities needed or desired but the patient needs help with some activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.
- (47) The patient cannot perform all activities needed or desired independently and the patient needs help with most activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

22. When the patient is at his or her worst, even for a short time, chose the item that best describes the patient. Please review all 6 of the following responses before choosing only 1 of them.

- (48) The patient is pretty much able to do everything that he or she wishes. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.
- (49) The patient can perform all activities needed or desired independently but the patient clearly is not normal. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.
- (50) The patient can perform all activities needed or desired but the patient needs help with some activities AND this is not due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.
- (51) The patient cannot perform all activities needed or desired independently and the patient needs help with most activities AND this is not due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.
- (52) The patient can perform all activities needed or desired but the patient needs help with some activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.
- (53) The patient cannot perform all activities needed or desired independently and the patient needs help with most activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

The following are some considerations based on the completion of the **General Review of Systems for Patient's with Implanted DBS Systems** questionnaire. These are suggestions only and the physician and healthcare professional are solely responsible to obtain and interpret the necessary information in order to provide the patient with optimal care which they acknowledge with the use of this material.

If response box 1 is checked...

The patient is completing the questionnaire with or without the help of others. The reports generated presume the validity and reliability of the information provided unless otherwise specifically commented. Assurance of the validity and reliability is the responsibility of the physician and healthcare professional utilizing the reports.

If response box 2 is checked...

As someone other than the patient is completing the questionnaire, it is important to establish the validity and reliability of the information provided. The reports generated presume the validity and reliability of the information provided unless otherwise specifically commented. Assurance of the validity and reliability is the responsibility of the physician and healthcare professional utilizing the reports.

If response box 3 is checked...

The patient is responsible for his or her own medical decisions.

If response box 4 is checked...

The patient is responsible for his or her own medical decisions but has assistance.

If response box 5 is checked...

The patient is not responsible for his or her own medical decisions.

If response box 6 is checked...

The patient is not responsible for his or her own medical decisions. The person responsible for the patient's medical decisions has a Durable Power of Attorney for Health Care.

If response box 7 is checked...

The patient is not responsible for his or her own medical decisions. The person responsible for the patient's medical decisions does not have a Durable Power of Attorney for Health Care.

If response box 8 is checked...

The patient is not responsible for his or her own medical decisions. It is unclear whether the person responsible for the patient's medical decisions has a Durable Power of Attorney for Health Care.

If response box 9 is checked...

The patient is being treated with DBS.

If response box 10 is checked...

The patient is not being treated with DBS.

If response box 11 is checked...

The patient is not clear whether the being treated with DBS.

If response box 12 is checked...

The patient is being treated with DBS. The patient is having a good and acceptable response to the Deep Brain Stimulation (DBS).

If response box 13 is checked...

The patient is being treated with DBS. The patient is not having a good and acceptable response to the Deep Brain Stimulation (DBS).

If response box 14 is checked...

The patient is being treated with DBS. It is unclear whether the patient is having a good and acceptable response to the Deep Brain Stimulation (DBS).

If response box 15 is checked...

There may be redness or sores around the location of the implanted Deep Brain Stimulation (DBS) hardware which would suggest infection or skin breakdown which needs to be inspected and treated if present.

If response box 16 is checked...

There may not be redness or sores around the location of the implanted Deep Brain Stimulation (DBS) hardware?

If response box 17 is checked...

It is unclear whether there may be redness or sores around the location of the implanted Deep Brain Stimulation (DBS) hardware which would suggest infection or skin breakdown which needs to be inspected and treated if present.

If response box 18 is checked...

There may be pain or unusual sensations around the location of the implanted Deep Brain Stimulation (DBS) hardware which would suggest abnormal electrical stimulation, such as through the IPG case.

If response box 19 is checked...

There may not be pain or unusual sensations around the location of the implanted Deep Brain Stimulation (DBS) hardware?

If response box 20 is checked...

It is unclear whether there may pain or unusual sensations around the location of the implanted Deep Brain Stimulation (DBS) hardware which would suggest abnormal electrical stimulation, such as through the IPG case.

If response box 21 is checked...

The patient, family member, or caregiver routinely check the battery in the implanted Deep Brain Stimulation (DBS) system.

If response box 22 is checked...

The patient, family member, or caregiver does not routinely check the battery in the implanted Deep Brain Stimulation (DBS) system.

If response box 23 is checked...

It is unclear whether the patient, family member, or caregiver does not routinely check the battery in the implanted Deep Brain Stimulation (DBS) system.

If response box 24 is checked...

The patient, family member, or caregiver routinely recharge the battery of the implanted Deep Brain Stimulation (DBS) system.

If response box 25 is checked...

The patient, family member, or caregiver does not routinely recharge the battery of the implanted Deep Brain Stimulation (DBS) system.

If response box 26 is checked...

It is unclear whether the patient, family member, or caregiver routinely recharge the battery of the implanted Deep Brain Stimulation (DBS) system.

If response box 27 is checked...

The patient may have depression.

If response box 28 is checked...

The patient does not have depression. Depression could place the patient in danger. Also there are very effective means of treating depression once it is diagnosed.

If response box 29 is checked...

It is unclear whether the patient has depression. It is very important that this situation be clarified. Depression could place the patient in danger. Also there are very effective means of treating depression once it is diagnosed.

If response box 30 is checked...

The patient has depression and has had thoughts of ending his or her life or expressed any intentions of ending his or her life.

If response box 31 is checked...

The patient has depression but has not had thoughts of ending his or her life or expressed any intentions of ending his or her life.

If response box 32 is checked...

The patient has depression but it is unclear whether the patient has had thoughts of ending his or her life or expressed any intentions of ending his or her life.

If response box 33 is checked...

The patient has problems with impulse control such as but not limited to but not limited to excessive gambling, spending money, playing videogames or repetitive and seemingly pointless activities. This could be serious, for example patients have gambled away their life savings. At the least, patients, family members and caregivers should be cautioned to be on the lookout for behaviors that could endanger the patient, including financial losses.

If response box 34 is checked...

The patient does not have problems with impulse control such as but not limited to but not limited to excessive gambling, spending money, playing videogames or repetitive and seemingly pointless activities

If response box 35 is checked...

It is unclear whether the patient has problems with impulse control such as but not limited to but not limited to excessive gambling, spending money, playing videogames or repetitive and seemingly pointless activities. This could be serious, for example patients have gambled away their life savings. The situation should be clarified. At the least, patients, family members and caregivers should be cautioned to be on the lookout for behaviors that could endanger the patient, including financial losses.

If response box 36 is checked...

There is a difference in the patient at his or her best during the day, even for a few minutes compared to when the patient is at his or her worst. This response suggests that there is fluctuation in the clinical response which also suggests that there is fluctuations in the brain levels of medications and the DBS may not be providing continuous maximum benefit.

If response box 37 is checked...

There is no difference in the patient at his or her best during the day, even for a few minutes compared to when the patient is at his or her worst. This response suggests that either there is sufficient control of the patient's symptoms or there is not an optimal DBS response.

If response box 38 is checked...

It is not clear whether there is a difference in the patient at his or her best during the day, even for a few minutes compared to when the patient is at his or her worst.

If response box 39 is checked...

The patient's symptoms appear to be under good control.

If response box 40 is checked...

The patient's symptoms do not appear to be under good control.

If response box 41 is checked...

It is unclear whether the patient's symptoms appear to be under good control.

If response box 42 is checked...

When the patient is at his or her best, even for a short time the patient is pretty much able to do everything that he or she wishes. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.

If response box 43 is checked...

When the patient is at his or her best, even for a short time patient can perform all activities needed or desired independently but the patient clearly is not normal. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.

If response box 44 is checked...

When the patient is at his or her best, even for a short time patient can perform all activities needed or desired but the patient needs help with some activities AND this is not due to uncontrolled involuntary movements if the patient has Parkinson's disease. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 45 is checked...

When the patient is at his or her best, even for a short time patient cannot perform all activities needed or desired independently and the patient needs help with most activities AND this is not due to uncontrolled involuntary movements if the patient has Parkinson's disease. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 46 is checked...

When the patient is at his or her best, even for a short time patient can perform all activities needed or desired but the patient needs help with some activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 47 is checked...

When the patient is at his or her best, even for a short time patient cannot perform all activities needed or desired independently and the patient needs help with most activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 48 is checked...

When the patient is at his or her worst, even for a short time, the patient is pretty much able to do everything that he or she wishes. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.

If response box 49 is checked...

When the patient is at his or her worst, even for a short time, the patient can perform all activities needed or desired independently but the patient clearly is not normal. The patient, family and/or caregivers would be satisfied if this was the way the patient always was.

If response box 50 is checked...

When the patient is at his or her worst, even for a short time, the patient can perform all activities needed or desired but the patient needs help with some activities AND this is not due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 51 is checked...

When the patient is at his or her worst, even for a short time, the patient cannot perform all activities needed or desired independently and the patient needs help with most activities AND this is not due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 52 is checked...

When the patient is at his or her worst, even for a short time, the patient can perform all activities needed or desired but the patient needs help with some activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.

If response box 53 is checked...

When the patient is at his or her worst, even for a short time, the patient cannot perform all activities needed or desired independently and the patient needs help with most activities but you think this may be due to uncontrolled involuntary movements. The patient, family and/or caregivers would NOT be satisfied if this was the way the patient always was.