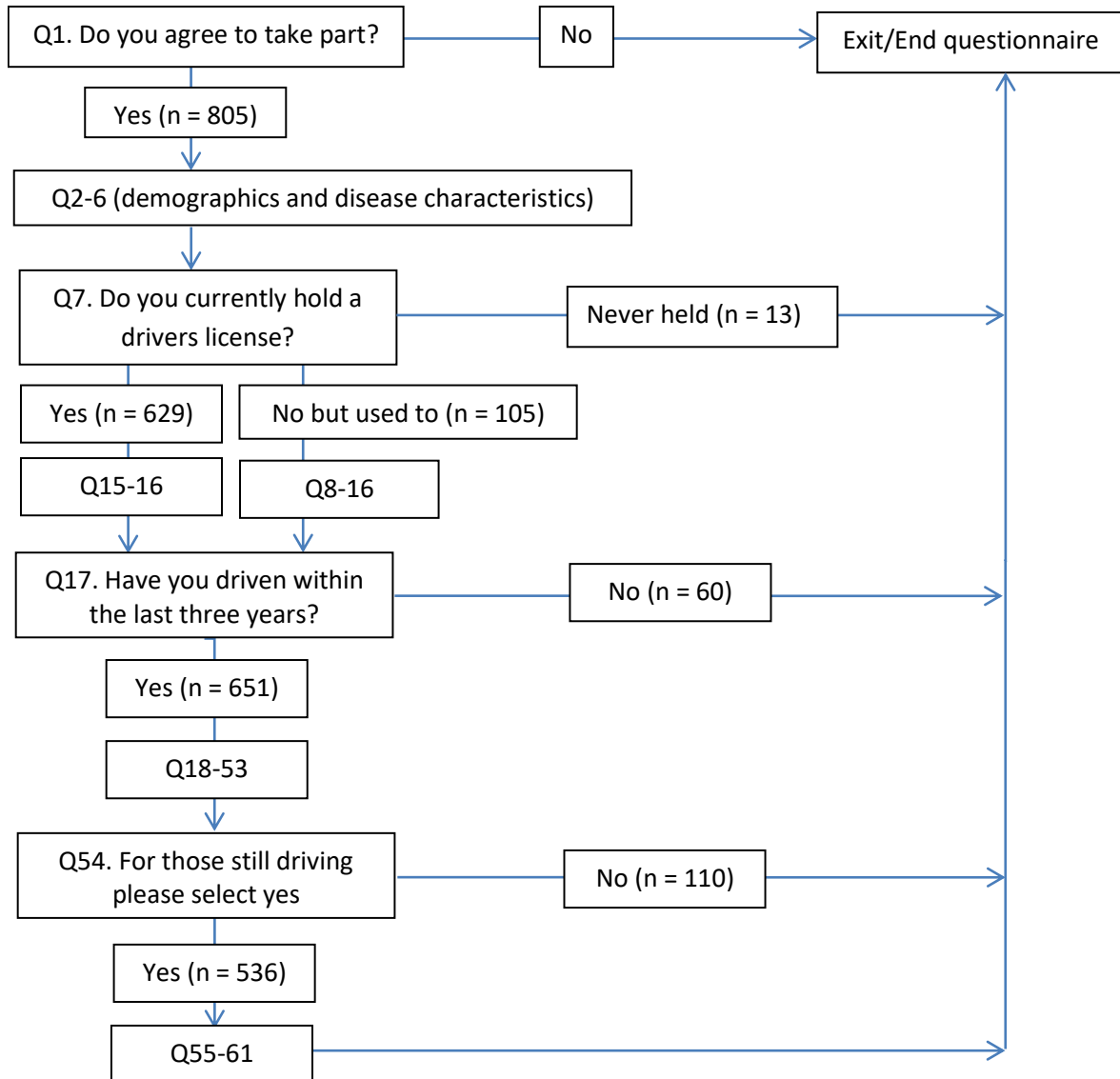


Supplementary Material

Driving and Parkinson's Disease: A Survey of the Patient's Perspective

Supplementary Material 1. Survey structure demonstrating exit points



Supplementary Material 2. Full list of survey questions

1. Do you agree to take part?
2. Age?
3. Sex
4. In what year were you diagnosed with Parkinson's?
5. Are you affected on one side of the body more than the other?
6. Do you consider yourself to be right handed/left handed/ambidextrous?
7. Do you currently hold a driving license?
8. Did you stop driving voluntarily or was your license removed by the DVLA?
9. If the DVLA removed your license, did you agree with the decision?
10. Did you appeal against the decision?
11. Did you have to stop working when you relinquished your license?
12. How has the loss of your license affected your participation in social/leisure activity?
13. How much do you agree or disagree with the following statement: Since losing my license my transportation costs have increased.
14. How much do you agree or disagree with the following statement: The loss of spontaneity linked with the loss of my driving license is an important issue for me.
15. Do you currently drive?
16. Have you/your clinician informed the DVLA about your diagnosis- or are the DVLA aware of your diagnosis?
17. Have you driven within the last 3 years?
18. Were you advised to inform the DVLA at diagnosis by healthcare team?
19. How many times has your driving license been renewed?
20. Was your car insurance premium increased after being diagnosed with PD?
21. Do you have a blue disabled badge?
22. If no, have you previously applied for one and been refused?
23. Do you live alone?
24. If no, does anyone who lives with you drive?
25. Other than a car, please select any vehicles that you currently drive (tick all that apply)
26. Do you/have you driven any other vehicles requiring more than a standard car license?
27. Is driving an essential component of your work?
28. Have you driven vocationally (i.e., Professional driver - driving as your job)?
29. Where do you live? Please select the word that you feel best represents your area
30. Has your doctor or Parkinson's nurse ever told you that you have impulse control disorder? [Impulse control disorder is sometimes linked to Parkinson's medication. It can cause impulsive or compulsive behaviors, increased sex drive, gambling, compulsive shopping, binge eating, obsessive interest in hobbies and risk taking behavior.]
31. For current drivers, does impulsive behavior currently affect your driving (e.g., taking risks)?
32. Has impulsive behavior previously affected your driving (e.g., taking risks)?
33. Since being diagnosed with PD have you ever been involved in a collision?
34. If yes, how many times?
35. If yes, Was/were the accidents your fault? (Please detail each time - Yes / No / equal blame / Don't know)
36. Does your Parkinson's affect your ability to control your vehicle safely at times?
37. Have you changed your car / adapted your car due to your Parkinson's?
38. If yes, what type of adaptation (please tick all that apply)

39. Since being diagnosed with Parkinson's – has your vision been affected? Had your head and neck movement been affected? Do you have more difficulty judging speed and distances? Have you had more difficulty with maneuvers such as parking? Have you had to adapt your style or method of driving?
40. Since being diagnosed with Parkinson's, have you changed your driving style? (please select all that apply)
41. When driving, have you become lost more frequently since you developed Parkinson's?
42. Do you find driving long distances a problem?
43. Do you feel sleepy whilst you are driving?
44. Do you listen to the radio / music / audio books or similar when driving?
45. Do you find spoken word programs distracting when you are driving?
46. What do you listen to?
47. Do you get wearing off of your medication?
48. If yes, do you need to fit in your driving around your “on” time?
49. If yes, is your on time predictable enough to manage this safely?
50. Do you experience significant memory problems? Episodes of confusion? Excessive daytime sleepiness? Difficulty in concentrating?
51. Do you think it would be a good idea to have a limited area license as, for example, in Scandinavia, where people with this license are restricted to driving within, say 30 miles, of their home?
52. Do you have any tips that you have learnt in relation to driving that might be useful to other people with PD? Please state
53. Are there any other issues not mentioned in the questionnaire that you think are important?
54. For those still driving currently please select yes to answer the final few questions, and for those no longer driving please select no - these were the final questions. Thank you.
55. Current drug treatment (Please select all that apply) *For people taking Stalevo, please select both; Levodopa and Catechol-O-methyl transferase inhibitor
56. Do you have any concerns about your driving?
57. Has anyone in your family or a close friend expressed concerns about your driving?
58. Have you been asked to stop driving, e.g., by GP/consultant?
59. How many penalty points do you have on your license?
60. Do you experience any of the following (please select all that apply)
61. Do you need another person to help with your personal care?