Weekly Survey Form for the Formula #12 Trial

Week #: ____ Date: _____

We wish to monitor any changes in your health status while taking Formula #12. Please answer the following:

1. During the past week, have you experienced any of the following:

	Yes	No
a. added constipation?	❒	❒
b. added diarrhea?	❒	❒
c. sleeping problems?	❒	❒
d. any negative changes in your complexion or any rashes?	❒	❒
e. any negative changes in your breathing?	❒	❒
f. any negative digestive changes?	❒	❒

2. This product seems to be causing me the following discomforts (if any) not listed above:

_____

_____

3. Assessment of symptoms of your Parkinson's Disease:

For each symptom you had when the trial began, use the two scales below to estimate the current level of severity and any perceived changes [plus or minus] since the trial began.

Current Level of Severity

(0 ..... 1 ..... 2 ..... 3 ..... 4)

not a problem | infrequent problems | some problems | bad | very bad

Any Perceived Changes in Severity Since Trial Began

(-2 ..... -1 ..... 0 ..... +1 ..... +2)

much worse | worse | no change | somewhat improved | much improved

	Severity	Changes in Severity [plus or minus since trial began]
❒ Tremors in hands and/or legs	___	___
❒ Mobility problems	___	___
❒ Stiffness or weakness	___	___
❒ Speech difficulties	___	___
❒ Rigid facial expression	___	___
❒ Weak voice	___	___
❒ Heavy and/or rigid extremities	___	___
❒ Slower movements	___	___
❒ Difficulty with posture	___	___
❒ Balance difficulties	___	___
❒ Difficulty with daily activities	___	___
❒ Constipation	___	___
❒ Fatigue	___	___
❒ Chewing or eating difficulties	___	___
❒ Confusion or befuddled	___	___
❒ Hallucinations	___	___
❒ Other: _____	___	___
❒ Other: _____	___	___

Participant's Name _____ _____

[Print name] [signature]