What questions would you like to see answered by Parkinson's research?
We’re asking people affected by Parkinson’s and health and social care professionals to help us identify the top 10 unanswered questions they want Parkinson’s research to address. This will help to guide Parkinson’s research and make sure that researchers focus on the most urgent needs of people living with the condition.

What do we mean by unanswered questions?

We’re looking for questions about symptoms, day-to-day life and treatments that, if addressed and fully answered by research, could make a real difference to people living with Parkinson’s. Examples of unanswered questions from other health conditions have included:

- Can we develop a vaccine to prevent prostate cancer?
- How can stroke survivors and their families be helped to cope with a speech problem?

Do I have to write a research question and check that it is unanswered?

No. The most important thing is to draw on your personal experience of Parkinson’s. It is enough to write a short sentence about something that is important to you, but for which you haven’t been able to find an answer. The team collecting your responses will turn them into questions. They will then check against existing research to find out whether they have been answered or not.

What will we do with the results?

We will use the results of this survey to guide future research and inform our wider work as a charity.

By sharing what we find with the international Parkinson’s research community, we hope to shape research into the condition not just in the UK but all over the world.

What will happen with my information?

Unanswered questions will be published but not linked to you or your organisation. All personal data will remain confidential.
“Our research aims to improve life for people living with Parkinson’s now, and ultimately find a cure. But we need the input of people who have direct and personal experience of Parkinson’s to make sure we’re addressing the right questions to help us achieve this”

Dr Kieran Breen, Director of Research and Innovation, Parkinson’s UK

Please use Section 1 to write your unanswered questions or areas important to you. There are categories for symptoms, day-to-day life, treatment, and any other questions that you may have. You can submit as many or as few questions as you wish for each category.

Please use Section 2 (overleaf) to provide some information about yourself to help us understand who is responding to the survey.

SECTION 1

What question(s) about dealing with the symptoms of Parkinson’s would you like to see answered by research?

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To complete the survey online visit parkinsons.org.uk/researchquestions
2. What question(s) about managing **day-to-day life** with Parkinson's would you like to see answered by research?

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3. What question(s) about the **treatment** of Parkinson's would you like to see answered by research?

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4. Do you have any other questions that you feel are important but do not fall into the areas above?

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If you complete the survey online, please help us get more responses by passing this copy on.
SECTION 2

1 Which of the following best describes you?
- Person with Parkinson’s
- Carer/former carer of someone with Parkinson’s
- Friend/family member of someone with Parkinson’s
- Health or social care professional
- Other

2 Your age?

3 Gender
- Male □  Female □  Other □  Prefer not to say □

4 What is your ethnic background?
- Asian/Asian British □  Arab □  Black □  White □
- Mixed/multiple ethnic groups □  Prefer not to say □
- Other

5 If you have Parkinson’s, what are your living arrangements?
- Own home (independently) □
- Own home (supported by family or carers) □  Residential home □
- Nursing home □  Other

6 Health and social care professionals only. What is your main profession?

Would you like to help us with the next step?
Once the survey has closed we would like to get back in touch for your help with putting the research topics into order of importance or urgency. If you would like to take part in this please provide your contact details below.

Name ............................................................................................................................................................................................................................

Address ............................................................................................................................................................................................................................

Email ................................................................. Phone

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