**Share your PSP & CBD experience**

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| --- | --- | --- | --- | --- |
| Name |  | | | |
| Location |  | | | |
|  | | | | |
| How would you be happy for PSPA to use your experience? | | | | |
| PSPA Matters | PSPA website | PSPA social media | PSPA publications | PSPA media coverage |

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| **About your experience** | | |
| Name of the person affected by PSP or CBD and your relationship to them: | | |
|  | | |
| What condition are you or your loved one living with? | PSP | CBD |
| When were you or your loved one diagnosed? |  | |
| Were they diagnosed correctly the first time? | Yes | No |
| If no, what were they initially misdiagnosed with? |  | |
| How long did it take to get a correct diagnosis? |  | |
| What were the first symptoms experienced? How did you know something was wrong? |  | |
| What did your GP say initially? |  | |
| Were you referred to a neurologist directly from your GP? |  | |
| How did the PSP or CBD symptoms progress? |  | |
| How have you or your loved one managed the symptoms? |  | |
| Who cares for you or your loved one? How did you come to that decision? |  | |
| How has the PSP or CBD diagnosis impacted on your family? |  | |
| Has PSPA supported you and your family? Is yes, how? |  | |

Please email your completed form to [communications@pspassociation.org.uk](mailto:communications@pspassociation.org.uk) along with any photos you would be happy for us to share with your experience.