

Parkinsonism Clinical Data Elements

Principal Investigator Responsible for Accuracy of Data (Name): _____ **Subject ID Number:** _____

Is this data Longitudinal (Follow-Up) Data? Yes No

Subject: ZIP Code (1st 3 digits): _____ **Country of Residence:** _____

Family Member Samples/s in Repository? Yes No Unknown (subject adopted) If Yes, list subject ID/s: _____

Year of Birth: _____ **Gender:** Male Female

Ethnic Category (as reported by subject)-Check one: Hispanic or Latino Not Hispanic or Latino

Racial Categories (as reported by subject) Check One:

American Indian/Alaska Native Asian Native Hawaiian/ Other Pacific Islander

Black/African American White/Caucasian Others Unknown More than One Race

Additional Ethnicity Information: _____

Diagnosed By: Neurosurgeon Neurologist Pediatric Neurologist Pediatrician Primary Care Physician
Psychiatrist Psychologist Does Not Apply (Population or Family-Based Control)

Data Collected By: Neurosurgeon Neurologist Pediatric Neurologist Primary Care Physician Pediatrician
Psychiatrist Psychologist Research Coordinator Registered Nurse Research Coordinator/ RN

Family History of Parkinsonism Present Absent Unknown (Subject is adopted)

List All Affected Family Members:

Primary Clinical Diagnosis (check one): Present Absent **Age at symptom onset** _____
 Parkinson's disease
 Progressive supranuclear palsy
 Diffuse Lewy Body Disease
 Multiple system atrophy
 Other (specify) _____

Known Mutation/s in subject's DNA: Present Absent Unknown If present or absent, describe: _____

Signs Suggestive of PD Diagnosis: Present Absent
 Asymmetric onset
 Bradykinesia
 Activation Tremor
 Resting Tremor
 Postural Instability
 Rigidity
 Gait difficulties

Response to anti-parkinsonism therapy tried and responsive inadequate dose not tried/not given
 tested and unresponsive

Signs Suggestive of Another Diagnosis: Present Absent Present Absent
 History of strokes or stepwise deterioration Cerebellar signs
 (other than activation tremor)
 History of head injury with loss of consciousness Fluctuations
 History of encephalitis Hallucinations
 Oculogyric crisis Dysautonomia
 Neuroleptic treatment at time of symptom onset Memory loss
 Sustained remission Axial rigidity
 Gaze palsy Other _____

Optional Data:

Smoking History Current Previous Never Years smoking, if applicable _____

Mini-Mental status score _____ Hoehn and Yahr _____

UPDRS total motor score (indicate on/off medication) _____ Handedness Left Right Ambidextrous