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**
Parkinson's disease	☐	☐
Progressive supranuclear palsy	☐	☐
Diffuse Lewy Body Disease	☐	☐
Multiple system atrophy	☐	☐

Age at symptom onset _____

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	☐	☐
Bradykinesis	☐	☐
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 ☐