

PPMI

DETERMINATION OF FALLS

1 3 2

2 0 3

SUBJECT ID

VISIT NO

INITIALS

SITE NO

VISIT DATE

MM

DD

YYYY

A. Indicate the source of information: A.
1 = Subject, 2 = Caregiver, 3 = Subject and Caregiver

1. Does the participant report freezing of gait occurring **in the past week**? 1.

- 0 = None
- 1 = Rare freezing when walking; may have start hesitation
- 2 = Occasional freezing when walking
- 3 = Frequent freezing; occasional falls from freezing
- 4 = Frequent falls from freezing

2. Does the participant report falls occurring **in the past week** that were not related to freezing of gait? 2.

- 0 = None
- 1 = Rare falling
- 2 = Occasionally falls, less than once per day
- 3 = Falls on average of once daily
- 4 = Falls more than once daily

3. Does the participant report freezing of gait occurring **in the past 12 months**? 3.

- 0 = None
- 1 = Rare freezing when walking; may have start hesitation
- 2 = Occasional freezing when walking
- 3 = Frequent freezing; occasional falls from freezing
- 4 = Frequent falls from freezing

4. Does the participant report falls occurring **in the past 12 months** that were not related to freezing of gait? 4.

- 0 = None
- 1 = Rare falling
- 2 = Occasionally falls, less than once per day
- 3 = Falls on average of once daily
- 4 = Falls more than once daily

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DETERMINATION OF FALLS

1	3	2
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2	0	3
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If participant responded 1-4 to question 4, complete questions 5 and 6.

5. Did any of these falls result in the following injuries?

- 5a. Fracture of hip or lower limb (0 = No, 1 = Yes) 5a.
- 5b. Fracture of upper extremity (0 = No, 1 = Yes) 5b.
- 5c. Skull fracture (0 = No, 1 = Yes) 5c.
- 5d. Other fracture (0 = No, 1 = Yes)
If yes, please specify _____ 5d.
- 5e. Head injury without loss of consciousness (0 = No, 1 = Yes) 5e.
- 5f. Head injury with loss of consciousness (0 = No, 1 = Yes) 5f.
- 5g. Laceration requiring sutures (stitches) (0 = No, 1 = Yes) 5g.
- 5h. Other (0 = No, 1 = Yes)
If yes, please specify _____ 5h.

6. Did any of these falls result in:

- 6a. Outpatient visit to a healthcare provider (0 = No, 1 = Yes) 6a.
- 6b. Visit to the ER (0 = No, 1 = Yes) 6b.
- 6c. Hospitalization (0 = No, 1 = Yes) 6c.
- 6d. Surgery (0 = No, 1 = Yes) 6d.
- 6e. Institutionalization (0 = No, 1 = Yes) 6e.