

PPMI

USE OF PD MEDICATION

1 3 2

3 0

SUBJECT ID [ ][ ][ ][ ]

VISIT NO [ ][ ][ ]

INITIALS [ ][ ][ ]

SITE NO [ ][ ][ ]

VISIT DATE [ ][ ]  
MM

[ ][ ]  
DD

[ ][ ][ ][ ]  
YYYY

1. Is the subject on medication for treating the symptoms of Parkinson disease? 1. [ ]  
(0 = No, 1 = Yes)

2. If yes, what is the subject taking: (check all that apply)

Levodopa

Dopamine Agonist

Other

NOTE: Complete Questions 3 - 6 for subjects taking levodopa or dopamine agonist as of Month 12 and/or subsequent annual visit(s). Subject will have full MDS-UPDRS (Part I - IV) assessed off medication, followed by repeat Part III motor exam one hour after dosing in clinic (complete MDS-UPDRS Post Dose worksheet).

3. Was the full MDS-UPDRS assessed at this visit prior to dosing in clinic? 3. [ ]  
(0 = No, 1 = Yes)

4. Date of most recent PD medication dosing: 4. [ ][ ] [ ][ ] [ ][ ][ ][ ]  
MM DD YYYY

5. Time of most recent PD medication dosing prior to full MDS-UPDRS being assessed: (24-hour clock) 5. [ ][ ] : [ ][ ]

6. Time that the full MDS-UPDRS was administered prior to dosing in clinic: (24-hour clock) 6. [ ][ ] : [ ][ ]