

PPMI

PARTICIPANT QUESTIONNAIRE

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SUBJECT ID

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VISIT NO

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INITIALS

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SITE NO

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VISIT DATE

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MM

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DD

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YYYY

A. Who completed this questionnaire? (1 = participant, 2 = caregiver)

A.

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When answering these questions, please think about the last week.

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|-----|---|------|-------|-------------|
| 1. | Do you have trouble rising from a chair? | 0=No | 1=Yes | 2=Uncertain |
| 2. | Is your handwriting smaller than it once was? | 0=No | 1=Yes | 2=Uncertain |
| 3. | Do people tell you that your voice is softer than it once was? | 0=No | 1=Yes | 2=Uncertain |
| 4. | Is your balance poor? | 0=No | 1=Yes | 2=Uncertain |
| 5. | Do your feet ever seem to get stuck to the floor? | 0=No | 1=Yes | 2=Uncertain |
| 6. | Do people tell you that your face seems less expressive than it once did? | 0=No | 1=Yes | 2=Uncertain |
| 7. | Do your arms or legs shake? | 0=No | 1=Yes | 2=Uncertain |
| 8. | Do you have trouble buttoning buttons? | 0=No | 1=Yes | 2=Uncertain |
| 9. | Do you shuffle your feet and/or take tiny steps when you walk? | 0=No | 1=Yes | 2=Uncertain |
| 10. | Do you move more slowly than other people your age? | 0=No | 1=Yes | 2=Uncertain |
| 11. | Has anyone ever told you that you have Parkinson's disease? | 0=No | 1=Yes | 2=Uncertain |