

PPMI

1 3 2

SCREENING/DEMOGRAPHICS

0 2

SUBJECT ID [][][][]

SITE NO [][][]

Complete one form for each subject who has signed consent and is potentially eligible to participate in the study.

A. Check box if subject has signed consent

B. Date informed consent was signed:

B. [][] [][] [][][][]
MM DD YYYY

C. Indicate the category for this subject:

(1 = Parkinson disease, 2 = Healthy Control, 3 = SWEDD, 4 = Prodromal)

C. []

C1. If Question C = 4, indicate the primary group type:

(1 = Hyposmia, 2 = RBD, 3 = LRRK2)

C1. []

1. Date of birth:

1. [][] [][] [][][][]
MM DD YYYY

2. Gender (0 = Female of child bearing potential, 1 = Female of non-child bearing potential, 2 = Male)

2. []

Women who are surgically sterile (hysterectomy or tubal ligation) or post-menopausal (last menstruation was 1 year or more prior to Screening Visit) are considered to be of non-child-bearing potential.

ETHNICITY

3. Do you identify your ethnicity as being Hispanic or Latino (Spanish origin)?
(0 = No, 1 = Yes, 2 = Unknown or not reported)

3. []

RACE

4.1 Do you identify yourself as being American Indian or Alaska Native?
(0 = No, 1 = Yes, 2 = Unknown or not reported)

4.1 []

4.2 Do you identify yourself as being Asian?
(0 = No, 1 = Yes, 2 = Unknown or not reported)

4.2 []

4.3 Do you identify yourself as being Black or African American?
(0 = No, 1 = Yes, 2 = Unknown or not reported)

4.3 []

4.4 Do you identify yourself as being Native Hawaiian or Other Pacific Islander?
(0 = No, 1 = Yes, 2 = Unknown or not reported)

4.4 []

4.5 Do you identify yourself as being White?
(0 = No, 1 = Yes, 2 = Unknown or not reported)

4.5 []

4.6 Do you identify yourself with a race category not specified on this form?
(0 = No, 1 = Yes, 2 = Unknown or not reported)
If Yes, please specify: _____

4.6 []

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SUBJECT ID [][][][]

SITE NO [][][]

5. Projected Enrollment Date: 5. [][] [][] [][][][]
MM DD YYYY

6. Referral Source: 6. [][]

- 01 = Site personnel
- 02 = PCP
- 04 = Family or Friend
- 10 = Newspaper/ Magazine Article
- 11 = Newspaper/ Magazine Ad
- 14 = Radio/TV Ad
- 15 = Radio/TV Story
- 16 = Online News/ Blog/Other
- 17 = Out of Home Ad
- 18 = Event
- 30 = Advocacy Organization
- 31 = Support Group
- 50 = Study Website
- 53 = Site Website
- 54 = Study Web Ad
- 58 = Clinicaltrials.gov
- 59 = PDtrials.org
- 60 = Specialist
- 71 = MJFF Communication
- 72 = Another PD Subject
- 73 = Fox Trial Finder
- 80 = 1-800 Call center
- 99 = Other (specify in comments)

6a. If referred by a medical professional (02, 60), provide name:

7a. Declined

7b. Reason for declining: 7b. [][]

- 01 = Confidentiality issues
- 03 = Protocol too restrictive
- 04 = Protocol too time intensive
- 05 = Travel requirements
- 06 = Family advised declining
- 07 = Physician advised declining
- 08 = Enrolled in other study
- 09 = Not interested (specify in comments)
- 11 = Risks of Protocol
- 12 = Did not agree to lumbar puncture
- 99 = Other (specify in comments)

8a. Excluded

8b. Reason for exclusion: 8b. [][]

- 01 = Exclusionary medication
- 02 = Other medical, psychiatric, or surgical condition
- 03 = Disease too advanced
- 04 = Dx uncertain
- 06 = Did not meet other inclusion criteria (specify in comments)
- 08 = Enrolled in other study
- 12 = Abnormal Safety Labs
- 13 = SPECT Scan
- 99 = Other (specify in comments)

Comments:

