

PPMI

1 3 2

**SYMBOL DIGIT MODALITIES TEST**

4 2

SUBJECT ID

VISIT NO

INITIALS

SITE NO

VISIT DATE

MM

DD

YYYY

1. Total correct (Response should be 0-110)

1.

2. Indicate the form used at this visit (if different than indicated in the protocol, comment below):

Form 1

Form 2

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_