

PPMI

SURGERY FOR PARKINSON DISEASE

1 3 2

1 8 7

SUBJECT ID [][][][]

VISIT NO [][][]

INITIALS [][][]

SITE NO [][][]

VISIT DATE [][]
MM

[][]
DD

[][][][]
YYYY

A. Have you had surgery for your Parkinson disease since your last visit? A. []
(0 = No, 1 = Yes)
If Yes, please complete the rest of this form.

1. Date (or estimated date) of surgery for Parkinson disease 1. [][] [][] [][][][]
MM DD YYYY

1a. Estimation of surgery date 1a. []
1 = Actual (ACT)
2 = Day Est. (DAY)
3 = Month/Day Est (MD)
4 = Month Est. (MON)

2. Type of surgery 2. []
1 = DBS (Deep Brain Stimulation)
2 = Levodopa intestinal gel infusion
3 = Other, specify _____
4 = Unknown

3. Side 3. []
1 = Bilateral
2 = Left
3 = Right
4 = Not applicable (e.g., for levodopa intestinal gel infusion)
5 = Unknown

4. Location (check all that apply)
 GPi (Globus pallidus internal segment)
 STN (subthalamic nucleus)
 Other, specify _____
 Not applicable (e.g., for levodopa intestinal gel infusion)
 Unknown

Comments: _____
