

**PPMI (TAP-PD)**

1 3 2

**SUBJECT ELIGIBILITY**

7 8

SUBJECT ID      VISIT NO

INITIALS    SITE NO    VISIT DATE

MM DD YYYY

A.  Check box if subject has signed consent.

B. Date informed consent was signed: B.

MM DD YYYY

**SUBJECT INCLUSION CRITERIA (0 = No, 1 = Yes)**

1. PD subject who is otherwise eligible for enrollment into PPMI. 1.
2. Enrolled at one of three participating sites: 2. 
  - Oregon Health Sciences University, Portland, OR
  - Institute for Neurodegenerative Disorders, New Haven, CT
  - University of Pennsylvania Movement Disorders Center, Philadelphia, PA
3. Ability to provide written informed consent in accordance with Good Clinical Practice (GCP), International Conference on Harmonization (ICH), and local regulations. 3.
4. Willing and able to complete additional study procedures. 4.

To be **ELIGIBLE** for study participation **ALL** answers to items 1-4 must be 1 = Yes.

**SUBJECT EXCLUSION CRITERIA (0 = No, 1 = Yes)**

1. Evidence of "atypical" parkinsonian syndromes (e.g. Progressive supranuclear palsy, Multiple system atrophy, drug-induced parkinsonism, Lewy body dementia). 1.
2. Any medical condition other than PD that would interfere with the subject's ability to perform study procedures as determined by the investigator. 2.

To be **ELIGIBLE** for study participation **ALL** answers to items 1 and 2 must be 0 = No.

**ENROLLMENT**

1. Date subject was enrolled into TAP-PD: 1.

MM DD YYYY

2. Indicate the serial number of the OPDM device sent home with the subject. 2.