PD Diagnosis History

O of 8 completed

Assessment Date			
10/27/2020			
1. Date of first symptom onset (per the participant):			
mm/dd/yyyy 🛗			
2. Date of Parkinson's disease diagnosis:		:	
mm/dd/yyyy 🛗			
3. Were the following symptoms present at the time of diagnosis?			
3. Were the following symptoms preso	ent at the time of diagnosis?		
3a. Resting Tremor:		:	
○ No	Yes		
Unknown			
3b. Rigidity:		•	
○ No	○ Yes		
Unknown			
3c. Bradykinesia:		:	
○ No	Yes		

Unknown		
3d. Postural instability:		:
○ No	Yes	
Unknown		
3e. Other:		:
○ No	Yes	
4. Side predominantly affected at onset:		:
Select		
General Physical Exam	Neurologia	cal Exam