Form: 03

ARIC Parkinson's Diagnosis Confirmation Form

Version: 2015

Please return the completed form in the self-addressed, stamped envelope

Patient's Name: <<NAME>> **Study ID: <<ID>>**

1. Does the patient currently have a diagnosis of Parkinson's disease?

☐ Yes ☐ Diagnosis uncertain->Go to Item 3 ☐ Don't know->Go to Item 3
☐ Probably yes ☐ No PD ->Go to Item 3

2. When was the diagnosis first made: YEAR: ☐☐☐☐ **OR** AGE: ☐☐ ☐ Don't know

3. Has the patient ever had any of the clinical features of Parkinsonism? *(Check all that apply.)*

	Yes	Possible	No	Don't know
a. Rest tremor	☐	☐	☐	☐
b. Bradykinesia	☐	☐	☐	☐
c. Rigidity	☐	☐	☐	☐
d. Postural Instability	☐	☐	☐	☐
e. Asymmetric onset	☐	☐	☐	☐
f. Signs ever asymmetry	☐	☐	☐	☐
g. Progressive clinical course	☐	☐	☐	☐

4. Has the patient ever been treated with cabidopa/levodopa (e.g. Sinemet, Stalevo, Parcopa) or a dopamine agonist [e.g. pramipexole (Mirapex), ropinirole (Requip), ritogotine (Neupro), or apomorphine (Apokyn)] or a monoamine oxidase inhibitor [e.g. selegiline (Eldepryl) or rasagiline (Azilect)] for more than two months?

☐ Yes, good response ☐ Inadequate trial ☐ Don't know
☐ Yes, poor response ☐ Never took

5. Does the patient have any of the following neurological conditions? *(Please mark each condition.)*

	Yes	Possible	No	Don't know
a. Progressive supranuclear Palsy (PSP)	☐	☐	☐	☐
b. Multiple System Atrophy (MSA)	☐	☐	☐	☐
c. Essential Tremor	☐	☐	☐	☐
d. Alzheimer's disease	☐	☐	☐	☐
e. Other dementia, specify:	☐	☐	☐	☐
f. Secondary Parkinsonism, specify: _____	☐	☐	☐	☐
g. Other Parkinsonism, specify: _____	☐	☐	☐	☐
h. Others, specify: _____	☐	☐	☐	☐

6. What is your primary specialty?

☐ Movement disorders ☐ Internist ☐ Other, specify: _____
☐ Neurologist ☐ Family Practice

Date: _____ /_____ / _____ **Physician Signature:** _____

Thank you for completing this questionnaire!