



PARKINSON'S DISEASE ADJUDICATION

ID NUMBER:

FORM CODE:

DATE: 04/22/2024
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form is used by the Parkinson's disease experts who are reviewing ARIC historical data to adjudicate if an ARIC participant may have Parkinson's disease. See the detailed QxQ instructions for completion of the PDA form.

1. Record which sources positively identified PD. (Check Y/N/U in items 1a-1d based on evidence in the participant report.)

	Yes.....Y No.....N Unknown...U
Self-report	1a <input type="checkbox"/>
Medication	1b <input type="checkbox"/>
Hospitalization discharge	1c <input type="checkbox"/>
Death certificate	1d <input type="checkbox"/>

2. Parkinson's disease adjudication code

3. How many independent sources indicate PD?

4. Month of PD diagnosis.....

5. Year of PD diagnosis.....

6. PD diagnosis date documented?

Yes, documented..... Y
 No, estimated N
 Unknown U

7. Adjudicator's notes:

8. Record which relevant diagnoses are documented. (Check Y/N/U in items 8a-8d based on evidence in the participant report.)

	Yes, documentedY Not documented.....N Unsure.....U
Lewy body dementia	8a <input type="checkbox"/>
Other dementias	8b <input type="checkbox"/>
Restless leg syndrome	8c <input type="checkbox"/>
Other notable conditions	8d <input type="checkbox"/>

9. Adjudicator's notes about other relevant diagnoses:
