PPMI

PD FEATURES

SUBJECT ID ☐☐☐☐

VISIT NO ☐☐☐

INITIALS ☐☐☐   SITE NO ☐☐☐   VISIT DATE ☐☐ ☐☐ ☐☐☐☐
MM   DD   YYYY

1. Date of first symptom onset per the subject: 1. ☐☐ ☐☐☐☐
MM   YYYY

2a. Date of Parkinson's disease diagnosis: 2a. ☐☐ ☐☐ ☐☐☐☐
(Leave blank if patient has a diagnosis   MM   DD   YYYY
other than PD.)

2b. 1 = Actual (ACT), 2 = Day Estimated (Day), 3 = Mon/Day Est. (MD),   2b. ☐
4 = Month Est. (Mon)

3. Were the following symptoms present at the time of diagnosis? (0 = No, 1 = Yes, U = Unknown)

3a. Resting Tremor   3a. ☐

3b. Rigidity   3b. ☐

3c. Bradykinesia   3c. ☐

3d. Postural instability   3d. ☐

3e. Other, specify: _____   3e. ☐

4. Side predominantly affected at onset (1 = Left, 2 = Right, 3 = Symmetric)   4. ☐