Parkinsonism Clinical Data Elements

Principal Investigator/Udall Site (May place PI ID label here): _____

Current Age or Month/Year of Birth: _____

Age or Month/Year of Onset of Symptoms _____

Gender (Check One)
- ☐ Male
- ☐ Female

Ethnic Origin (Check all that Apply):
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ American Indian/Alaskin Native
- ☐ Black or African American
- ☐ Caucasian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other (state as clearly as possible)

Family History (if present, please complete below)
- ☐ Yes
- ☐ No

Apparent Inheritance:
- ☐ Autosomal Dominant
- ☐ Autosomal Recessive
- ☐ Unknown/Unclear
- ☐ Not Applicable

Details of Family History if present: _____

If affected, clinical diagnosis (check most appropriate):
- ☐ Parkinson's Disease
- ☐ Diffuse Lewy Body Disease
- ☐ Progressive Supranuclear Palsy
- ☐ Multiple System Atrophy
- ☐ Other (list, ICD 10 Code if Available)

If affected, diagnosed by (Check one):
- ☐ PD Specialist
- ☐ Neurologist
- ☐ Primary Physician
- ☐ By Patient Report
- ☐ Other

Symptoms and Signs Suggestive of Parkinson's disease

Bradykinesis	☐ Present	☐ Absent	☐ Unknown
4 - 6 HZ Resting Tremor	☐ Present	☐ Absent	☐ Unknown
Asymmetrical Onset	☐ Present	☐ Absent	☐ Unknown
Postural Instability (not due to visual, vestibular, cerebellar, sensory dysfunction)	☐ Present	☐ Absent	☐ Unknown
Rigidity	☐ Present	☐ Absent	☐ Unknown
Medication induced Dyskinesias	☐ Present	☐ Absent	☐ Unknown
Gait Difficulties	☐ Present	☐ Absent	☐ Unknown
Marked response to dopamine replacement therapy	☐ Present	☐ Absent	☐ Unknown

Check all that apply:

- ☐ history of repeated stokes with stepwise progression of parkinsonism
- ☐ history of repeated head injury definite encephalitis
- ☐ neuroleptic treatment at onset
- ☐ stirctly unilateral features after three years.
- ☐ cerebellar signs
- ☐ early severe dementia
- ☐ brain tumor
- ☐ oculogyric crises
- ☐ hydrocephalus
- ☐ Babinski sign
- ☐ supranuclear gaze palsy
- ☐ early severe autonomic involvment
- ☐ MPTP exposure
- ☐ negative response to large dose of dopamine replacement therapy

Comments (may include diagnostic features, pedigree drawing etc)

Signature: _____ **Date:** _____