# I. INCLUSION AND EXCLUSION CRITERIA

## INCLUSION CRITERIA

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 1. Subject is diagnosed with Parkinson’s Disease, if suffers from at least 2 of the 3 following progressive symptoms:  
   a. Hypokinesia/bradykinesia.  
   b. Resting tremor.  
   c. Muscular rigidity. | | |
| 2. Onset age > 40. | | |
| 3. All 4 grandparents are of Ashkenazi Jewish origin as declared by the subject. | | |
| 4. Subject or subject’s legal representative has signed the informed consent form. | | |

## EXCLUSION CRITERIA

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Subject is diagnosed with Parkinsonism due to other disorders or etiologies: striatonigral degeneration, olivopontocerebellar atrophy, Shy-Drager syndrome, progressive supranuclear palsy; Wilson’s disease, Huntington’s disease (rigid variant), Hallervorden-Spatz disease, spinocerebellar atrophy; Alzheimer’s disease, diffuse Lewy body disease, primary pallidal atrophy of Hunt, corticobasal ganglionic degeneration, PD-ALS-dementia complex of the western Pacific, Pick’s disease, Rett syndrome hemiatrophy-hemiparkinsonism; hydrocephalus; vascular Parkinsonism; brain tumors; arteriovenous malformations; posttraumatic encephalopathy; anoxic encephalopathy; postencephalitis parkinsonism; postviral encephalitis; hypoparathyroidism, hepatic insufficiency; disorders due to exposure to toxins or medications: manganese, carbon monoxide, cyanide, carbon disulfide, methanol, MPTP, PCP, neuroleptics, metoclopramide, reserpine, methyldopa, lithium, amiodarone HCl, tetrazenate; psychogenic Parkinsonism (Catatonia); essential (senile, benign, familial) tremor.</td>
<td></td>
</tr>
<tr>
<td>2. Subject is a known carrier of a blood transmitted infectious disease or suffers from conditions in which phlebotomy is contra-indicated.</td>
<td></td>
</tr>
</tbody>
</table>

Subject is eligible for the study, if all INCLUSION criteria are YES and all EXCLUSION criteria are NO.

## INVESTIGATOR’S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

________________________  __________________
Investigator’s name (printed)  Investigator’s signature  Day

Where appropriate mark like this ✘ (not like this ✔)
## II. DEMOGRAPHICS

<table>
<thead>
<tr>
<th>1. Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Year of birth:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Country of birth:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Year of immigration:</td>
<td></td>
</tr>
</tbody>
</table>

## III. FAMILY HISTORY

<table>
<thead>
<tr>
<th>1. Mother</th>
<th>2. Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Mother:</td>
<td>2.1 Father:</td>
</tr>
<tr>
<td>Country of birth</td>
<td>Country of birth</td>
</tr>
<tr>
<td>1.2 Grandfather:</td>
<td>2.2 Grandfather:</td>
</tr>
<tr>
<td>1.3 Grandmother:</td>
<td>2.3 Grandmother:</td>
</tr>
<tr>
<td>Yes</td>
<td>No*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.4 Mother is alive</th>
<th>2.4 Father is alive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

*If not, specify age at death:   
*If not, specify age at death:   

### 3. Blood relatives:

#### 3.1 Specify total number of siblings (including patient):   

#### 3.2 For close relatives suffering from Parkinson’s disease (PD) or symptoms which may suggest PD (tremor or walking difficulties), mark appropriate boxes and specify age at onset:

<table>
<thead>
<tr>
<th>Parkinson’s disease</th>
<th>Tremor or walking difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Age at onset</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Sib. 1</td>
<td></td>
</tr>
<tr>
<td>Sib. 3</td>
<td></td>
</tr>
<tr>
<td>Sib. 5</td>
<td></td>
</tr>
</tbody>
</table>
### IV. MEDICAL HISTORY

1. Age at diagnosis of Parkinson’s disease:  

2. Age at first appearance of symptoms:  

3. Which of the following characterize the patient’s disease?  

   - a. Resting tremor:  
     *Yes*  
     *No*  
     *Unknown*  

   - b. Rigidity  
     *Yes*  
     *No*  
     *Unknown*  

   - c. Hypokinesia / Bradykinesia  
     *Yes*  
     *No*  
     *Unknown*  

   - d. Expressionless face  
     *Yes*  
     *No*  
     *Unknown*  

   - e. Gait disorder (shuffle / festination / freezing)  
     *Yes*  
     *No*  
     *Unknown*  

   - f. Postural disorder (propulsion / retropulsion)  
     *Yes*  
     *No*  
     *Unknown*  

   - g. Were some of these symptoms / signs asymmetric at disease onset?  
     *Yes*  
     *No*  
     *Unknown*  

4. Does the patient also suffer from:  

   a. Dementia  
     *Yes*  
     *No*  
     *Unknown*  

   - *If yes, specify:*  
     - Mild  
     - Moderate  
     - Severe  

   b. Delusions  
     *Yes*  
     *No*  
     *Unknown*  

   c. Visual hallucinations  
     *Yes*  
     *No*  
     *Unknown*  

   d. Hallucinations other than visual  
     *Yes*  
     *No*  
     *Unknown*  

   e. Fluctuating cognition  
     *Yes*  
     *No*  
     *Unknown*  

   f. Repeated falls  
     *Yes*  
     *No*  
     *Unknown*  

   g. Recurrent syncope  
     *Yes*  
     *No*  
     *Unknown*  

5. Does the patient suffer from seborrheic dermatitis?  

6. Specify other chronic diseases:  

   __________________________________________  
   __________________________________________  
   __________________________________________
### V. MEDICATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>L-dopa</th>
<th>Bromocriptine</th>
<th>Ropinirole</th>
<th>Pergolide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is / was the patient treated with L-dopa?</td>
<td>Yes [*]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*If yes, specify: The initial response to L-dopa can be described as:</td>
<td>Poor-mild</td>
<td>Good</td>
<td>Dramatic</td>
<td></td>
</tr>
<tr>
<td>2. Regarding L-dopa and dopamine agonists, mark the appropriate box if there was an adverse reaction mandating dose reduction or discontinuation of the drug:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>