Parkinson's Disease
IDGN-PD-AO6

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

	Yes	No
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

	Yes	No
1. Subject is diagnosed with Parkinsonism due to other disorders or etiologies: straitonigral 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, tetrabenazine; psychogenic Parkinsonism (Catatonia); essential (senile, benign, familial) tremor.	☐	☐
2. Subject is a known carrier of a blood transmitted infectious disease or suffers from conditions in which phlebotomy is contra-indicated.	☐	☐

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	Month	Year
_____	_____	☐☐ /	☐☐ /	☐☐

Where appropriate mark like this ☒ (not like this √)

SUBJECT BARCODE STICKER

II. DEMOGRAPHICS

1. Sex: ☐ **Male** ☐ **Female**

2. Year of birth: ☐☐☐☐

3. Country of birth: _____

4. Year of immigration: ☐☐☐☐

III. FAMILY HISTORY

1. Mother

	Country of birth
1.1 Mother:	_____
1.2 Grandfather:	_____
1.3 Grandmother:	_____

	Yes	No*
1.4 Mother is alive	☐	☐

*If not, specify age at death: ☐☐

2. Father

	Country of birth
2.1 Father:	_____
2.2 Grandfather:	_____
2.3 Grandmother:	_____

	Yes	No*
2.4 Father is alive	☐	☐

*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:

	Parkinson's disease		**Tremor or walking difficulties**	
	Yes	Age at onset	Yes	Age at onset
Mother	☐	☐☐	☐	☐☐
Father	☐	☐☐	☐	☐☐
Sib. 1	☐	☐☐	☐	☐☐
Sib. 2	☐	☐☐	☐	☐☐
Sib. 3	☐	☐☐	☐	☐☐
Sib. 4	☐	☐☐	☐	☐☐
Sib. 5	☐	☐☐	☐	☐☐

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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?

	Yes	No	Unknown
a. Resting tremor:	☐ *	☐	
***If yes, does alcohol ameliorate the tremor?**	☐	☐	☐
b. Rigidity	☐	☐	
c. Hypokinesia / Bradykinesia	☐	☐	
d. Expressionless face	☐	☐	
e. Gait disorder (shuffle / festination / freezing)	☐	☐	
f. Postural disorder (propulsion / retropulsion)	☐	☐	
g. Were some of these symptoms / signs asymmetric at disease onset?	☐	☐	☐

4. Does the patient also suffer from:

	Yes	No	Unknown
a. Dementia	☐ *	☐	☐
***If yes, specify:** Mild ☐ Moderate ☐ Severe ☐			
b. Delusions	☐	☐	☐
c. Visual hallucinations	☐	☐	☐
d. Hallucinations other than visual	☐	☐	☐
e. Fluctuating cognition	☐	☐	☐
f. Repeated falls	☐	☐	☐
g. Recurrent syncope	☐	☐	☐

5. Does the patient suffer from seborrheic dermatitis? ☐ ☐ ☐

6. Specify other chronic diseases: _____

_____

_____

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V. MEDICATIONS

	Yes	No
1. Is / was the patient treated with **L-dopa**?	☐ *	☐

***If yes, specify:** The initial response to L-dopa can be described as:

Poor-mild ☐ Good ☐ Dramatic ☐

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:

	L-dopa	Bromocriptine	Ropinirole	Pergolide
a. Never tried	☐	☐	☐	☐
b. Gastrointestinal intolerance	☐	☐	☐	☐
c. Hypotension	☐	☐	☐	☐
d. Depression or delusions	☐	☐	☐	☐
e. Somnolence	☐	☐	☐	☐
f. Insomnia	☐	☐	☐	☐
g. Involuntary movements (restlessness, dystonia, choreoathetosis)	☐	☐	☐	☐
h. On-off phenomena	☐	☐	☐	☐
i. Cardiac arrhythmias	☐	☐	☐	☐
j. Other: _____	☐	☐	☐	☐

SUBJECT BARCODE STICKER