

CHECKLISTE DeNoPa

IN PD 1

I. Aufnahmeuntersuchung

Information für Patienten		
		Dokument erhalten:
Einverständniserklärungen		
DeNoPa		✓
Blut Lübeck		✓
Partnerbefragung		✓
Video L-Dopa-Test		✓
3-T-MRT Göttingen		
Obduktion, Hirnspende		
		Untersuchung erfolgt:
Enrollment-CRF (MMST+Uhrentest s. auch VI)	1-21	✓
UPDRS	22-33	✓
MDS-UPDRS	34-64	✓
PD NMS Questionnaire	65	✓
Skala z. Erfassung n-motor. Symptome	66-67	
mMIDI	68-72	✓
AIMS	73-74	

II. Selbstbeurteilungsbögen für den Patienten

		Beurteilungsbogen zurückerhalten:
PDQ-39	75-76	
SCOPA-AUT	77-81	
BPI	82-86	✓
FAI	87-88	✓
BDI	89-90	✓
GDS-15	Vordruck	✓
SPF	91-92	
SASS	Vordruck	
EKF-S	Vordruck	
AES-S	93	

CHECKLISTE DeNoPa

Dr. P. 17

III. (Neuro-) Psychologische Testung

		Untersuchung erfolgt:
Exekutive Funktionen	94-100	
RWT	Vordruck	✓
WMS-R	94	✓
Block-Tapping	95	✓
WIE Gemeinsamkeiten	96	✓
TMT	97-100	✓
FWIT	101	✓
Gedächtnis		
VLMT	Vordruck	✓
Instrumentale Funktionen		
VOSP	102-103	✓
WCST	Vordruck	✓
Soziale Kognitionen		
MWT-B	104-105	✓
MASC	106	✓
Emotionen erkennen	107	✓
Sozialformel	108	✓
MoCa	109	✓

IV. Interviews

		Interview erfolgt:
NEVHI	110-113	✓
Fremdbeurteilungen:		
NPI	114-120	✓
MADRS	Vordruck	✓
ACSD-1		✓
Falls notwendig (nicht in Ordner enthalten):		
SKID		
SIDAM		

V. Schlaflaborfragebögen

		Fragebogen zurückerhalten:
PDSS (15 Items)	121-122	✓ x ins
MOS-SLEEP (12 Items)	123	✓ x Thema
Epworth Sleepiness Scale (8 Items)	124	✓ x
RBD SQ (10 Items)	125	✓ x
Beurteilungs-Skala der Internationalen RLS-Studiengruppe	126-127	✓ x

CHECKLISTE DeNoPa

		Untersuchung erfolgt:
MRT Befund	128	
Lumbalpunktion Befund	129	
Kontakte (Telefon oder persönlich)	130	
Studienrücktritt (Telefon oder persönlich)	131	

VI. Alle weiteren Untersuchungen

		Untersuchung erfolgt:
Polysomnographie		
EKG		
Routine-Aufnahmelabor +Reticulocyten+Quick+PTT		
EDTA-Abnahme für DNA		
Liquorpunktion		
L-Dopa-Test mit Video		
EEG		
Schellong-Test		
Sono Restharn		
MMST		siehe S. 4-5 CRF
Uhrentest		siehe S. 6 CRF
Hirnparenchymsonographie		
Riechtest		
Logopädie Assessment		
MRT		
Trinkprotokoll		
Miktionsprotokoll		

VII. Zusätzliche Source Daten

Entlassungsbrief		siehe vorne
DAT-Scan		
Medikamente		
Aufnahme UPDRS		
Ambulanzbrief		
Briefe von Zuweisern		

STUDIE: DENOPA KASSEL

Tasks to be performed for this visit:

- ☐ INFORMED CONSENT SIGNED
- ☐ Stationäre Aufnahme am
 - ☐ UKPDSBB CLINICAL DIAGNOSTIC CRITERIA
 - ☐ MD UPDRS
 - ☐ L-Dopa Test MIT VIDEOAUFZEICHNUNG
 - ☐ MINI-MENTAL STATE EXAM
 - ☐ Uhrentest
 - ☐ ausführliche Neuropsychologische Testung
 - ☐ Hirnparenchymsonographie
 - ☐ Riechtest
 - ☐ Schlaflabor
 - ☐ MRT mit Speicherung als DICOM und 3D Aufnahmen
 - ☐ Lumbalpunktion
 - ☐ Routine Blutabnahme vor LP
 - ☐ Reticulozyten in Routinelabor
 - ☐ Urinasservierung
 - ☐ Speichelprobe
 - ☐ Nasensekret
 - ☐ EDTA abnahme fuer DANN
 - ☐ AIMS Skala, Non-Motor Questionnaire, Impulskontrollstörung
 - ☐ Schellong Test
 - ☐ Schlaffragebögen
 - ☐ Logopädisches Assessment
- ☐ Autopsieaufklärung
- ☐ Hirnspendeausweis
- ☐ Initiale Parkinsonmedikation
- ☐ 3 Tesla MRT Goettingen
- ☐ DaT Scan

a_Erkrankungsdauer_Monate
a_Diagnose_bei_Ambulanztermin
a_Ambulanz_Datum
a_CRF_dopaminerge_Behandlung
a_CRF_letzte_Einnahme_dopaminerger_Medikation_vor_4_Wochen
a_CRF_AnmerkungenL_DopaMedik
a_CRF_Wohnort
a_CRF_blood_bleeding_disorder
a_CRF_Macumar
a_CRF_ASS100
a_CRF_Kontraindikation_MRT
a_CRF_vask_Enzephalopathie
a_CRF_V.a._atypischer_Parkinson
a_CRF_Welche_Anzeichen

enrollment
visit

→ Inclusion Criteria
2.-4.

→ Exclusion Criteria
1.-7.

ENROLLMENT VISIT

ELIGIBILITY EVALUATION

Inclusion Criteria

- | | | |
|--|---|---|
| 1. Einverständniserklärung unterschrieben | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO <i>→ not needed</i> |
| 2. Noch nie mit dopaminergen Medikation behandelt | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| ODER | | |
| 3. Letzte Einnahme der dopaminergen Medikation vier Wochen vor stationärer Aufnahme | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Wohnort in der Nähe Kassel mit der Möglichkeit der jährlichen Vorstellung/Keine Umzugspläne | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

Exclusion Criteria

- | | | |
|--|------------------------------|--|
| 1. Diagnosis of a blood or bleeding disorder | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 3. Currently taking Macumar | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 4. Currently taking ASS 100 | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Aufklärung über Absetzen 5 d vor stationärem Aufenthalt Erfolgt (auch keine Einnahme von Aspirin Kopfschmerztabletten) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Kontraindikationen für MRT | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6. vorbekannte ausgeprägte vaskuläre Enzephalopathie | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7. Früherzeitiger Verdacht auf atypischen Parkinson (Stürze, Blickparese, frühe Demenz, autonome Störungen) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Positive Familienanamnese mit Blutversand nach Luebeck	YES	<input checked="" type="checkbox"/> NO	Aufklärung erfolgt
3-Tesla MR Goettingen	YES	<input type="checkbox"/> NO	Aufklärung erfolgt

UKPDSBB CLINICAL DIAGNOSTIC CRITERIA *

☐ Completed ☐ Not Completed

Step 1: Diagnosis of Parkinsonism syndrome

Bradykinesia YES ☒ NO ☐

a_CRF_UKPDSBB_step1_Bradykinesie
a_CRF_UKPDSBB_step1_Muskelrigiditaet
a_CRF_UKPDSBB_step1_4_6Hz_Ruhetremor
a_CRF_UKPDSBB_step1_posturale_Instabilitaet
a_CRF_UKPDSBB_step2_repeated_strokes
a_CRF_UKPDSBB_step2_wiederholte_Kopfverletzungen
a_CRF_UKPDSBB_step2_Enzephalitis
a_CRF_UKPDSBB_step2_oculogyric_crises
a_CRF_UKPDSBB_step2_Neuroleptika_Beginn_Symptomatik
a_CRF_UKPDSBB_step2_mehr_als_einenBetroffenen_Verwandten
a_CRF_UKPDSBB_step2_anhaltende_Remission
a_CRF_UKPDSBB_step2_unilateral_Merkm_nach_3Jahren
a_CRF_UKPDSBB_step2_Supranucl_gaze_palsy
a_CRF_UKPDSBB_step2_cerebellaere_Zeichen
a_CRF_UKPDSBB_step2_fruehe_autonom_Involv
a_CRF_UKPDSBB_step2_fruehe_Demenz
a_CRF_UKPDSBB_step2_Babinski_zeichen
a_CRF_UKPDSBB_step2_cerebellaerer_Tumor_o_hydrocephalus_imCT
a_CRF_UKPDSBB_step2_negative_Rkt_auf_levodopa
a_CRF_UKPDSBB_step2_MPTP_exposure
a_CRF_UKPDSBB_step3_unilateraler_Beginn
a_CRF_UKPDSBB_step3_Ruhetremor
a_CRF_UKPDSBB_step3_progressive_stoerung
a_CRF_UKPDSBB_step3_persis_asy_affect_side_of_onset_most
a_CRF_UKPDSBB_step3_gutes_Ansprechen_auf_L_Dopa
a_CRF_UKPDSBB_step3_L_Dopa_induz_Chorea
a_CRF_UKPDSBB_L_Dopa_Antw_fuer5Jahre
a_CRF_UKPDSBB_clinical_course_fuer10Jahre
a_CRF_UKPDSBB_Kriterien_bestimmt

UKPDSBB

clinical diagnosis
criteria

Page 2/3

At least one of the following criteria:

Muscle rigidity	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4-6Hz rest tremor	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Postural instability not caused by primary visual, vestibular, cerebellar, or proprioceptive instability	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Step 2: Exclusion Criteria

History of repeated strokes with step-wise progression of parkinsonian features	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Supranuclear gaze palsy	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
History of repeated head injury	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Cerebellar signs	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
History of definite encephalitis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Early severe autonomic involvement	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Oculogyric crises	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Early severe dementia with disturbances of memory, language and praxis	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Neuroleptic treatment at onset of symptoms	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Babinski sign	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
More than one affected relative	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Presence of cerebral tumour or communicating hydrocephalus on CT scan	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Sustained remission	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Negative response to large doses of levodopa (if malabsorption excluded)	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Strictly unilateral features after 3 years	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	MPTP exposure	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Step 3: Supportive prospective criteria (at least three required)

Unilateral onset	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Excellent response to L-Dopa (70-100%)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Rest tremor present	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Severe L-Dopa-induced chorea	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Progressive disorder	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	L-dopa response for 5+ years	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Persistent asymmetry affecting side of onset most	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Clinical course of 10+ years	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Diagnostic criteria determined by _____ **Date:** ____ / ____ / ____

*Hughes AJ, Daniel SE, Kilford L, Lees A. Accuracy of clinical diagnosis of idiopathic Parkinson's disease: a clinico-pathological study of 100 cases. J Neurology, Neurosurgery, and Psychiatry. 1992; 55: 181-184.

2. MMST 1.1 - MMST.11**MINI-MENTAL STATE EXAM ***Completed ☐ Not Completed ☐**ORIENTATION (5 points each question)**

	Question	Score Achieved	Maximum Possible Score
1.	What is the: Jahr	1	1
	Jahreszeit	1	1
	Monate	1	1
	Tag	1	1
	Datum	1	1
2.	Where are we: Land	1	1
	Bundesland	1	1
	Stadt	1	1
	Krankenhaus	1	1
	Station	1	1

REGISTRATION (3 points)

3.	Name three unrelated objects. Allow one second to say each. Then ask the patient to repeat all three after you have said them. Give one point for each correct answer. 1. AUTO BLUME KERZE	3	3
----	---	---	---

ATTENTION AND CALCULATION (5 points)

4.	Ask the patient to count backwards from 100 by sevens. Give one point for each correct answer. Stop after five answers. Alternatively spell "world" backwards.	5	5
----	--	---	---

RECALL (3 points)

5.	Ask the patient to recall the three objects previously stated. Give one point for each correct answer. AUTO BLUME KERZE	3	3
----	--	---	---

LANGUAGE (9 points)

6.	<i>Naming:</i> Show the patient a wrist watch and ask him or her what it is. Repeat for a pencil. Give one point for each correct answer.	2	2
7.	<i>Repetition:</i> Ask the patient to repeat the following: Sie leiht ihm kein Geld mehr	1	1
8.	<i>3-stage command:</i> Ask the patient to: "Take a piece of paper in your right hand, fold it in half, and put it on the floor." Give one point for each part correctly executed.	3	3
9.	<i>Reading:</i> On a blank piece of paper print the sentence "Close your eyes", in letters large enough for the patient to see clearly. Ask the patient to read it and do what it says.	1	1
10.	<i>Writing:</i> Give the patient a blank piece of paper and ask the patient to write a sentence for you. Do not dictate a sentence, it should be written spontaneously.	1	1
11.	<i>Copying:</i> On a clean piece of paper, draw intersecting pentagons, each side about 1 in., and ask the patient to copy it exactly as it is. All 10 angles must be present and 2 must intersect to score 1 point.	1	1

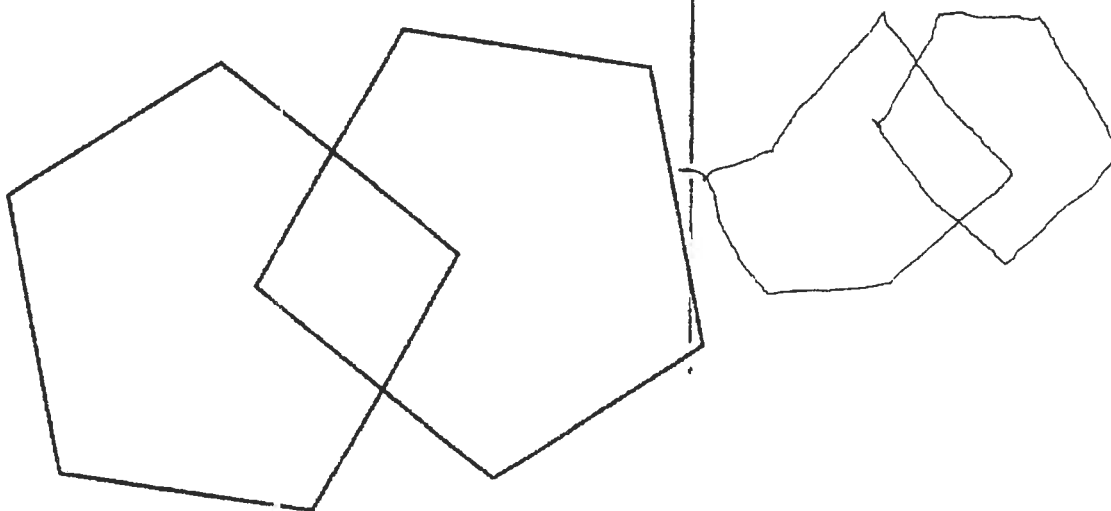
Exam performed by: ChloeDate: 10/05/11

* Folstein MF, Folstein SE, McHugh PR. "Mini-Mental state." A practical method for grading the cognitive state of patients for the clinician. J Psych Res. 1975; 12:189-198.

zu Aufgabe 9:

Teil der Menge mit Name

zu Aufgabe 10:



Befund:



**PARACELSUS
ELENA-KLINIK**

Kassel

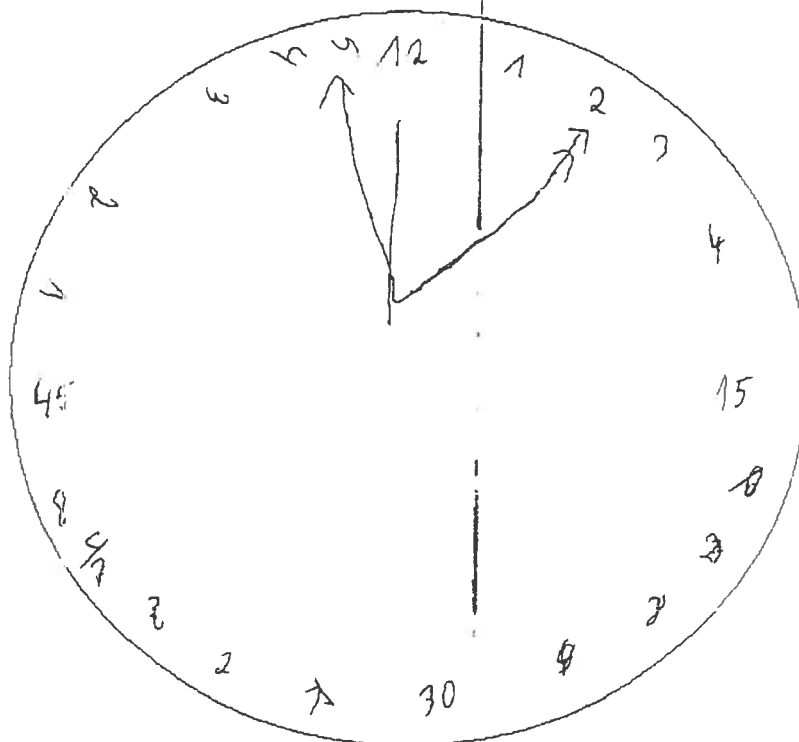
DUP 121.1

Kassel 10.05.2011

2. CRF-Uhrentest

SK-Uhrentest

SK-Uhrentest (Erf.: 09.05.2011; Bef.: ; Freig.:)



Punkte: (Auswertung nach Shulman et al. 1993)

5 4

Befund:

Patienten ID: DKP 121

Visit: 1

Datum:

Handschrift

Handwritten signature

Patienten ID: DKP 121

Visit: 1

Datum:

DEMOGRAPHICS ☐ Completed ☐ Not Completed

Date of Birth: 03 / 29 / 1996
M M D D Y Y Y Y

Gender: ☐ Male ☒ Female

Nationalitaet ☒ Deutsch ☐ andere: *⇒ a CRF. Ethische Herkunft*

a_CRF_medizin_Depression
a_CRF_medizin_Angst
a_CRF_medizin_schlaf_Apnoe
a_CRF_medizin_schlaf_PLMS
a_CRF_medizin_schlaf_RBD
a_CRF_medizin_MCI
a_CRF_medizin_hypertension
a_CRF_medizin_Hyperlipidemia
a_CRF_medizin_diabetes_mellitus
a_CRF_medizin_osteoarthritis
a_CRF_medizin_rheumatoide_arthritis
a_CRF_medizin_coronary_artery_disease
a_CRF_medizin_congestive_heart_failure
a_CRF_medizin_hypothyroidism
a_CRF_medizin_asthma_COPD
a_CRF_medizin_Krebs
a_CRF_medizin_weitere_erkrankungen
a_CRF_medizin_weitere_erkrankungen_Anzahl
a_CRF_medizin_weitere_Erkrankungen_welche

Page 9/131
↓

MEDICAL HISTORY
☐ Completed

☐ Not Completed

Have you been diagnosed with depression?

☐ YES

☒ NO

Have you been diagnosed with an anxiety disorder?

☐ YES

☒ NO

Have you been diagnosed with any of the following sleep disorders?

Sleep apnea

☐ YES

☒ NO

Periodic limb movements of sleep (PLMS)

☐ YES

☒ NO

REM behavior disorder (RBD)

☐ YES

☒ NO

Have you been diagnosed with Minimal Cognitive Impairment (MCI)?

☐ YES

☒ NO

Please specify whether you have been diagnosed with any of the following medical conditions:

Hypertension

☐ YES

☒ NO

Hyperlipidemia

☒ YES

☐ NO

Diabetes Mellitus

☐ YES

☒ NO

Osteoarthritis

☐ YES

☒ NO

Rheumatoid Arthritis

☐ YES

☒ NO

Coronary Artery Disease

☐ YES

☒ NO

Congestive Heart Failure

☐ YES

☒ NO

Hypothyroidism

☒ YES

☐ NO

Asthma / COPD

☐ YES

☒ NO

Do you have any other medical condition or disease?

☒ YES

☐ NO

If YES, please list your medical conditions:

Cerebrovasculäre Dysregulation
SD / Depression / beikunden 1992
Intermittierende Rückenschmerzen seit 1985
Appendektomie 1986
2. n. Pankreatitis 2007

a CRF PD medik madopar 25 100
a CRF PD medik Madopar 25 100 in24h
a CRF PD medik Madopar 50 200
a CRF PD medik Madopar 50 200 in24h
a CRF PD medik Isicom 25 100
a CRF PD medik Isicom 25 100 in24h
a CRF PD medik Isicom 25 250
a CRF PD medik Isicom 25 250 in24h
a CRF PD medik 10 100
a CRF PD medik 10 100 in24h
a CRF PD medik Selegiline 5
a CRF PD medik Selegiline 5 in24h
a CRF PD medik Requip
a CRF PD medik Requip in24h
a CRF PD medik Sifrol
a CRF PD medik Sifrol in24h
a CRF PD medik Permax
a CRF PD medik Permax in24h
a CRF PD medik Bromocriptine
a CRF PD medik Bromocriptine in24h
a CRF PD medik Amantadine 100
a CRF PD medik Amantadine 100 in24h
a CRF PD medik Comtess 200
a CRF PD medik Comtess 200 in24h
a CRF PD medik Artane
a CRF PD medik Artane in24h
a CRF PD medik Stalevo 50
a CRF PD medik Stalevo 50 in24h
a CRF PD medik Stalevo 100
a CRF PD medik Stalevo 100 in24h
a CRF PD medik Stalevo 150
a CRF PD medik Stalevo 150 in24h
a CRF PD medik andere1
a CRF PD medik andere1 welches
a CRF PD medik andere1 in24h
a CRF PD medik andere2
a CRF PD medik andere2 in24h
a CRF AD medik Aricept 5
a CRF AD medik Aricept 5 in24h
a CRF AD medik Aricept 5 Beginn
a CRF AD medik Aricept 10
a CRF AD medik Aricept 10 in24h
a CRF AD medik Aricept 10 Beginn
a CRF AD medik Exelon
a CRF AD medik Exelon in24h
a CRF AD medik Exelon Beginn
a CRF AD medik Namenda 5
a CRF AD medik Namenda 5 in24h
a CRF AD medik Namenda 5 Beginn
a CRF AD medik Namenda 10
a CRF AD medik Namenda 10 in24h
a CRF AD medik Namenda 10 Beginn
a CRF AD medik Reminyl 4
a CRF AD medik Reminyl 4 in24h
a CRF AD medik Reminyl 4 Beginn
a CRF AD medik Reminyl 8
a CRF AD medik Reminyl 8 in24h
a CRF AD medik Reminyl 8 Beginn

a_CRF_AD_medik_Reminyl_12
a_CRF_AD_medik_Reminyl_12_in24h
a_CRF_AD_medik_Reminyl_12_Beginn
a_CRF_AD_medik_andere1
a_CRF_AD_medik_andere1_in24h
a_CRF_AD_medik_andere1_Beginn
a_CRF_AD_medik_andere2
a_CRF_AD_medik_andere2_in24h
a_CRF_AD_medik_andere2_Beginn

PARKINSON'S DISEASE MEDICATIONS

☐

Completed

☐

Not Completed

Is the subject currently taking this medication?	Medication	Dose (If choice, circle one)	Frequency (If choice circle one)	Start Date (Year)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Madopar	25/100	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Madopar	50/200	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Isicom	25/100	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Isicom	25/250	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No		10/100	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Selegiline	5 mg	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Requip		_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sifrol		_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Permax		_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bromocriptine		_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amantadine	100mg	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Comtess	200 mg	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Artane		_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stalevo	50 mg	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stalevo	100 mg	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stalevo	150 mg	_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other PD Medications:		_____ times/24 hour period	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other PD Medications:		_____ times/24 hour period	_____

not relevant
not asked

Patienten ID: **DKP 121**Visit: **1**

Datum:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Other PD Medications:		times/24 hour period	
--	------------------------------	--	----------------------	--

ALZHEIMER'S DISEASE MEDICATIONS				
		<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	
Is the subject currently taking this medication?	Medication	Dose (If choice, circle one)	Frequency (If choice circle one)	Start Date (Year)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Aricept	5 mg , 10 mg	times/24 hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Exelon		times/24 hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Namenda	5 mg , 10 mg	times/24 hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reminyl	4mg , 8mg , 12 mg	times/24 hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other AD Medications:		times/24 hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other AD Medications:		times/24 hour period	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other AD Medications:		times/24 hour period	

*not relevant
not entered*

a_CRF_weitere_medik
a_CRF_weitere_medik_Acetaminophen
a_CRF_weitere_medik_Baby_oder_niedrigdosierte_Aspirin
a_CRF_weitere_medik_Aspirin
a_CRF_weitere_medik_Aspirin_Dosisangabe
a_CRF_weitere_medik_Ibuprofen
a_CRF_weitere_medik_Naproxen
a_CRF_weitere_medik_Celeprex_Vioxx_Bextra
a_CRF_weitere_medik_Mevacor
a_CRF_weitere_medik_Zocor
a_CRF_weitere_medik_Crestor
a_CRF_weitere_medik_Pravachol
a_CRF_weitere_medik_Lipitor
a_CRF_weitere_medik_Lescor
a_CRF_weitere_medik_Vytorin
a_CRF_weitere_medik_andere
a_CRF_weitere_medik_welche
a_CRF_weitere_medik_Anzahl
a_CRF_weitere_medik_Cholesterinsenker
a_CRF_weitere_medik_Blutdruckmittel
a_CRF_weitere_medik_Betablocker

} subsequently applied

CONCOMITANT MEDICATIONS☐ Completed☐ Not Completed

Do you use any of the following medications on a regular basis (at least two times per week)?

☒ YES ☐ NO

If YES, please specify:

- ☐ Acetaminophen (e.g., Tylenol)
- ☐ "Baby" or low dose aspirin (81 mg/tablet or less)
- ☐ Aspirin or aspirin-containing products (325 mg/tablet or more)
- ☐ Ibuprofen (e.g., Advil, Motrin, Nuprin)
- ☐ Naproxen (e.g., Anaprox, Aleve, Naprelan, Naprosyn)
- ☐ Celebrex, Vioxx, or Bextra (COX-2 inhibitors)

"Statin" (cholesterol lowering drugs):

- ☐ Mevacor (lovastatin)
- ☐ Zocor (simvastatin)
- ☐ Crestor
- ☐ Pravachol (prevastatin)
- ☐ Lipitor (atorvastatin)
- ☐ Lescor
- ☐ Vytorin

Do you use any other medications on a regular basis? ☒ Yes ☐ No

If YES, please specify:

100mg VAL 800mg 2x 1 seit 8.05.21
Vitamin D 2000 I.U. 1x 1 seit 8.05.21
1 Thyroxin 100mg (Euthyrol) seit 1998
FOXAVAL 70mg 1x 1 seit 1.12.20 (Alendronat/Calcium) 1x 1 seit 1.12.20

a_CRF_Nahrungsergaenzungen
a_CRF_Nahrungsergaenzungen_Coenzyme_Q10
a_CRF_Nahrungsergaenzungen_Coenzyme_Q10_dosis
a_CRF_Nahrungsergaenzungen_Multivitamine
a_CRF_Nahrungsergaenzungen_VitaminEZusaetze
a_CRF_Nahrungsergaenzung_Zink
a_CRF_Nahrungsergaenzungen_andere
a_CRF_Nahrungsergaenzungen_andere_welche

NUTRITIONAL SUPPLEMENTS

☐ Completed

☐ Not Completed

Do you take nutritional supplements?

☒ YES

☐ NO

If YES, please specify:

☐ Coenzyme Q10

If YES, please specify dosage: _____ mg/day

☐ Multivitamin supplements

☐ Vitamin E supplements

☐ Zinc supplements?

Do you take any other nutritional supplements on a regular basis?

☒ Yes

☐ No

If YES, please specify:

Calcium 500 mg 1-7 Sept 2010

a_CRF_w_postmenopausal
a_CRF_w_premenopausal
a_CRF_w_einnahme_weibl_hormone
a_CRF_w_kombiniertes_praeparat
a_CRF_w_oestrogen
a_CRF_w_Progesteron_Progestin
a_CRF_w_Evista
a_CRF_w_Tamoxifen

For Women Only

☐

Completed

☐

Not Completed

What is your menstrual status?

☒

Postmenopausal. Natural menstrual periods have ceased permanently.

☐

Premenopausal. Experience natural menstrual periods.

Are you currently using prescription female hormones (within the last month)? ☐ YES ☒ NO

If YES, please mark the type(s) of hormones you are currently using?

☐

Combined (e.g., Prempro, Prephase, Combipatch, FemHRT)

☐

Estrogen (e.g., Oral Premarin, Patch Estrogen, Vaginal Estrogen, Ogen, Estrace, Estratest)

☐

Progesterone/Progestin (e.g., Provera/Cycrin/MPA, Vaginal, Micronized)

☐

Evista

☐

Tamoxifen

a_CRF_Risikofakt_schweresKopftrauma
a_CRF_Risikofakt_Bewusstsein
a_CRF_Risikofakt_neurolept_o_antipsychot_Medik
a_CRF_Risikofakt_Haloperidol
a_CRF_Risikofakt_Haloperidol_aktuell
a_CRF_Risikofakt_Haloperidol_nichtaktuell
a_CRF_Risikofakt_Risperdal
a_CRF_Risikofakt_Risperdal_aktuell
a_CRF_Risikofakt_Risperdal_nichtaktuell
a_CRF_Risikofakt_Mellaril
a_CRF_Risikofakt_Mellaril_aktuell
a_CRF_Risikofakt_Mellaril_nichtaktuell
a_CRF_Risikofakt_Stelazin
a_CRF_Risikofakt_Stelazin_aktuell
a_CRF_Risikofakt_Stelazin_nichtaktuell
a_CRF_Risikofakt_andere
a_CRF_Risikofakt_welche
a_CRF_Risikofakt_andere_aktuell
a_CRF_Risikofakt_andere_nichtaktuell
a_CRF_Risikofakt_folgende_medik
a_CRF_Risikofakt_Metoclopramid
a_CRF_Risikofakt_Metoclopramid_aktuell
a_CRF_Risikofakt_Metoclopramid_nichtaktuell
a_CRF_Risikofakt_Compazin
a_CRF_Risikofakt_Compazin_aktuell
a_CRF_Risikofakt_Compazin_nichtaktuell
a_CRF_Risikofakt_Phenergan
a_CRF_Risikofakt_Phenergan_aktuell
a_CRF_Risikofakt_Phenergan_nichtaktuell
a_CRF_Risikofakt_Amiodaron
a_CRF_Risikofakt_Amiodaron_aktuell
a_CRF_Risikofakt_Amiodaron_nichtaktuell
a_CRF_Risikofakt_Enzephalitis

PARKINSON'S DISEASE RISK FACTORS (Page 1 of 3) ☐ Completed ☒ Not Completed

Have you ever had any major head trauma?

☐ YES ☒ NO

If YES, did you lose consciousness?

☐ YES ☐ NO

Have you ever taken a neuroepileptic or antipsychotic medication? ☐ YES ☒ NO

If YES, please specify drug and status:

- | | | |
|---|--|--|
| <input type="checkbox"/> Haloperidol (Haldol) | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Risperidal | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Mellaril | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Stelazine | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |

Are you taking any of the following medications? ☐ YES ☒ NO

If YES, please specify drug and status:

- | | | |
|--|--|--|
| <input type="checkbox"/> Metoclopramide (Reglan) | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Compazine | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Phenergan | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |
| <input type="checkbox"/> Amiodarone | <input type="checkbox"/> Currently taking drug | <input type="checkbox"/> No longer taking drug |

Have you ever had a brain infection (encephalitis)? ☐ YES ☒ NO

a_CRF_Risikofakt_Pestizide_Herbizide
a_CRF_Risikofakt_Pestizide_Herbizide_einmalig
a_CRF_Risikofakt_Pestizide_Herbizide_einmalig_Jahr
a_CRF_Risikofakt_Pestizide_Herbizide_einmalig_vorwievielJahren
a_CRF_Risikofakt_Pestizide_Herbizide_einmalig_Substanz
a_CRF_Risikofakt_Pestizide_Herbizide_kontinuierl_Konfr_Garten
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Gart_Haeuf
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Garten_Jahre
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Garten_Subst
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_landwirt
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_landw_Haeufig
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_landw_Jahre
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_landw_Subst
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Manufak
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Manuf_Haeufig
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Manuf_Jahre
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_Manuf_Sub
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_prox
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_prox_Haeufigk
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_prox_Jahre
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_prox_Subst
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_andere
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_andere_Typ
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_andere_Haeuf
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_andere_Jahre
a_CRF_Risikofakt_Pestizide_Herbizide_kontin_Konfr_andere_Subst

PARKINSON'S DISEASE RISK FACTORS CONTINUED (Page 2 of 3)

Have you ever been knowingly exposed to pesticides or herbicides? ☐ YES ☒ NO

If YES, which of the following best describe the type and frequency of exposure (check all those that apply):

☐ Single Event (i.e accident)

Year: ☐ Not Known Name of chemical(s) if known

☐ Continuous exposure for personal use in garden or household

Average frequency: ☐ Once/year or less ☐ 2-5 times/year ☐ 6-11 times/year ☐ Monthly or more frequently

Period of Exposure ___/___/___ to ___/___/___ ☐ Not Known

Name of chemical(s) if known

☐ Continuous occupational exposure in farming/agriculture

Average frequency: ☐ Once/year or less ☐ 2-5 times/year ☐ 6-11 times/year ☐ Monthly or more frequently

Period of Exposure ___/___/___ to ___/___/___ ☐ Not Known

Name of chemical(s) if known

☐ Continuous occupational exposure in manufacturing

Average frequency: ☐ Once/year or less ☐ 2-5 times/year ☐ 6-11 times/year ☐ Monthly or more frequently

Period of Exposure ___/___/___ to ___/___/___ ☐ Not Known

Name of chemical(s) if known

☐ Continuous environmental exposure due to proximity to sprayed area

Average frequency: ☐ Once/year or less ☐ 2-5 times/year ☐ 6-11 times/year ☐ Monthly or more frequently

Period of Exposure ___/___/___ to ___/___/___ ☐ Not Known

Name of chemical(s) if known

☐ OTHER: Type of exposure

Period of Exposure ___/___/___ to ___/___/___ ☐ Not Known

Name of chemical(s) if known

a_CRF_Risikofakt_Schwermetallvergiftung
a_CRF_Risikofakt_Schwermetallverg_welche
a_CRF_Risikofakt_Arbeit
a_CRF_Risikofakt_Arbeit_schweissen
a_CRF_Risikofakt_Arbeit_Metallschmelzung
a_CRF_Risikofakt_Arbeit_Reinigung
a_CRF_Risikofakt_Arbeit_Galvanisierung
a_CRF_Risikofakt_Arbeit_Fraesen
a_CRF_Risikofakt_Arbeit_Petrochemie
a_CRF_Risikofakt_Arbeit_Landwirtschaft
a_CRF_Risikofakt_Arbeit_Holzverarbeitung
a_CRF_Risikofakt_Arbeit_Textil_Industriemalerei
a_CRF_Risikofakt_Arbeit_andere_welche
a_CRF_Risikofakt_Vegetarier_Veganer
a_CRF_Groesse
a_CRF_Gewicht

PARKINSON'S DISEASE RISK FACTORS CONTINUED (Page 3 of 3)

Have you ever had heavy metal poisoning? ☐ YES ☒ NO

If YES, briefly explain the poisoning: _____

Have you ever worked in any of the following professions? ☐ YES ☒ NO

If YES, please check all applicable professions:

- ☐ Welding
- ☐ Metal melting
- ☐ Metal purification
- ☐ Galvanization
- ☐ Milling
- ☐ Petrochemistry
- ☐ Agriculture
- ☐ Wood processing
- ☐ Textile or industrial painting

Are you a vegetarian or vegan? ☐ YES ☒ NO

Current Height: 169 cm in Current Weight: 66 kg lbs

a_CRF_Risikofakt_weitere
a_CRF_Familienmitglied_Parkinson
a_CRF_Familienmitglied_Parkinson_wer
a_CRF_Familienmitglied_Alzheimer
a_CRF_Familienmitglied_Alzheimer_wer
a_CRF_Familienmitglied_Demenz
a_CRF_Familienmitglied_Demenz_wer
a_CRF_Familienmitglied_DLB
a_CRF_Familienmitglied_DLB_wer
a_CRF_Familienmitglied_atypischenParkinson
a_CRF_Familienmitglied_atypischenParkinson_wer
a_CRF_Familienmitglied_ET
a_CRF_Familienmitglied_ET_wer
a_CRF_Familienmitglied_MSA
a_CRF_Familienmitglied_MSA_wer
a_CRF_Familienmitglied_PSP
a_CRF_Familienmitglied_PSP_wer
a_CRF_Familienmitglied_CBD
a_CRF_Familienmitglied_CBD_wer
a_CRF_Familienmitglied_ALS
a_CRF_Familienmitglied_ALS_wer
a_CRF_Familienmitglied_HD
a_CRF_Familienmitglied_HD_wer
a_CRF_Familienmitglied_Tremor
a_CRF_Familienmitglied_Tremor_wer
a_CRF_Familienmitglied_cerebAtaxie
a_CRF_Familienmitglied_cerebAtaxie_wer
a_CRF_Familienmitglied_Myoklonus
a_CRF_Familienmitglied_Myoklonus_wer
a_CRF_Familienmitglied_Dystonie
a_CRF_Familienmitglied_Dystonie_wer
a_CRF_Bildung
a_CRF_Schuljahre
a_CRF_Beruf

FAMILY HISTORY
☐ Completed ☐ Not Completed

Does anyone of your blood relatives have one or more of the following conditions? ☒ YES ☐ NO

*Please indicate blood relative using the following categorical codes:

1 = sibling, 2 = parent, 3 = grandparent, 4 = cousin, 5 = aunt, 6 = uncle, 7 = other (please describe relation)

Grosselterngeneration

Elterngeneration

PatientIN

If YES, please specify:

- ☐ Parkinson's Disease
- ☒ Alzheimer's Disease (AD)
- ☐ Dementia
- ☐ Dementia with Lewy bodies (DLB)
- ☐ Atypical parkinsonism

Relation: _____

Relation: 2 (mother)

Relation: _____

Relation: _____

Relation: _____

- | | |
|---|-----------------|
| <input type="checkbox"/> Essential tremor (ET) | Relation: _____ |
| <input type="checkbox"/> Multiple system atrophy (MSA) | Relation: _____ |
| <input type="checkbox"/> Progressive supranuclear palsy (PSP) | Relation: _____ |
| <input type="checkbox"/> Corticobasal degeneration (CBD) | Relation: _____ |
| <input type="checkbox"/> Lou-Gehrig's disease (ALS) | Relation: _____ |
| <input type="checkbox"/> Huntington's Disease (HD) | Relation: _____ |
| <input type="checkbox"/> Tremor | Relation: _____ |
| <input type="checkbox"/> Cerebellar Ataxia | Relation: _____ |
| <input type="checkbox"/> Myoclonus | Relation: _____ |
| <input type="checkbox"/> Dystonia | Relation: _____ |

SOCIAL HISTORY

☐ Completed

☐ Not Completed

What was your highest level of education?

Besuchte Schuljahre:

Ausbildung:

Studium:

- ☒ Grundschule *Kolbsschule*
- ☐ Realschule/Mittlere Reife
- ☐ Abitur
- ☐ Hochschulabschluss

Beruf:

*4 Jahre Webern m.H. Ausbildung
Dann bei Schweigenrater in Schenkenberg m.H.
Produktion bis 1979
1975 - 1980: Tisellenmaschinentechnik
1980 - 1983: Schrauben eingekauft
Dann Arbeitslos bis ab 01.01.1984 Partnerin
(2000)*

a_CRF_koffeinhaltiger_Kaffee
a_CRF_koffeinhaltiger_Kaffee_Tassen_a_250ml_proWoche
a_CRF_koffeinhaltiger_Kaffee_aenderungletzten10Jahre
a_CRF_koffeinhaltiger_Kaffee_aenderung_Gestiegen_reduziert
a_CRF_koffeinhaltiger_Tee
a_CRF_koffeinhaltiger_Tee_Tassen_proWoche_a250ml
a_CRF_koffeinhaltiger_Tee_aenderungletzten10Jahre
a_CRF_koffeinhaltiger_Tee_aenderung_gestiegen_reduziert
a_CRF_koffeinhaltige_Soda
a_CRF_koffeinhaltige_Soda_wieviel_proWoche
a_CRF_koffeinhaltige_Soda_aenderungenletzten10Jahre
a_CRF_koffeinhaltige_Soda_aenderungen_gestiegen_reduziert
a_CRF_Alkohol
a_CRF_Alkohol_Drinks_in_Worten
a_CRF_Alkohol_starkerKonsuminderVergangenheit
a_CRF_Alkohol_starkerKonsuminderVergangenheit_Jahre
a_CRF_Alkohol_Konsumaenderungletzten10Jahre

Do you drink caffeinated coffee (not decaf)?

☒

YES

☐

NO

If YES, how many cups per day on average? 0.5 cups/day

Has your coffee consumption changed over the past 10 years?

☐

YES

☒

NO

If YES, has there been a: ☐ general increase in your consumption over a 10-year period

☐ general decrease in your consumption over a 10-year period

Do you drink tea (not decaffeinated)?

☒

YES

☐

NO

If YES, how many cups per day on average? _____ cups/day

Has your tea consumption changed over the past 10 years?

☐

YES

☒

NO

If YES, has there been a: ☐ general increase in your consumption over a 10-year period

☐ general decrease in your consumption over a 10-year period

Do you drink caffeinated soda?

☐

YES

☒

NO

If YES, how many ounces per day on average? _____ ounces/day

Has your soda consumption changed over the past 10 years?

☐

YES

☒

NO

If YES, has there been a: ☐ general increase in your consumption over a 10-year period

☐ general decrease in your consumption over a 10-year period

Do you drink alcohol?

☐

YES

☒

NO

If YES, how many drinks do you have on an average day? _____ drinks/day

Have you consumed alcohol heavily in the past?

☐

YES

☒

NO

If YES, for how many years? _____ years

Has your alcohol consumption changed over the past 10 years?

☐

YES

☒

NO

If YES, has there been a: ☐ general increase in your consumption over a 10-year period

☐ general decrease in your consumption over a 10-year period

a_CRF_Rauchen
a_CRF_Rauchen_aktuell
a_CRF_Ex_Raucher
a_CRF_Rauchen_aktuell_Zigaretten_AnzahlproTag
a_CRF_Rauchen_aktuell_Zigaretten_Beginn
a_CRF_Rauchen_aktuell_Zigarren_AnzahlproTag
a_CRF_Rauchen_aktuell_Zigarren_Beginn
a_CRF_Rauchen_aktuell_Pfeife_AnzahlproTag
a_CRF_Rauchen_aktuell_Pfeife_Beginn
a_CRF_Ex_Rauchen_Zigaretten_AnzahlproTag
a_CRF_Ex_Rauchen_Zigaretten_Beginn
a_CRF_Ex_Rauchen_Zigaretten_Ende
a_CRF_Ex_Rauchen_Zigarren_AnzahlproTag
a_CRF_Ex_Rauchen_Zigarren_Beginn
a_CRF_Ex_Rauchen_Zigarren_Ende
a_CRF_Ex_Rauchen_Pfeife_AnzahlproTag
a_CRF_Ex_Rauchen_Pfeife_Beginn
a_CRF_Ex_Rauchen_Pfeife_Ende
a_CRF_Rauchen_Konfront_zuHause_Stunden
a_CRF_Rauchen_Konfront_Arbeit_Stunden
a_CRF_Rauchen_Konfront_andereBereiche_Stunden
a_CRF_Rauchen_passiv_sonstiges

SMOKING HISTORY

☐ Completed ☐ Not Completed

A) Do you or have you ever smoked cigarettes, cigars, or pipes, at least once a day for one year's time?

☐ YES ☒ NOIf you have never smoked, please skip to question D.

If YES, Do you currently smoke or have you quit smoking cigarettes, cigars, or pipes?

☐ Currently smoke, please fill in the chart for question B below.☐ Quit smoking, please fill in the cart for question C below.B) If you currently smoke cigarettes, cigars or pipes, fill in the information below.

Current Smokers	Cigarettes	Cigars	Pipes
Average number smoked per day			
Age began smoking			

C) If you have quit smoking cigarettes, cigars, or pipes, fill in the information below.

Ex- Smokers	Cigarettes	Cigars	Pipes
Average number smoked per day			
Age began smoking			
Age quit			

D) Whether or not you smoke, how many hours a day are you exposed to the cigarette smoke of others on the average?At home 1 hours/dayAt work 0 hours/dayIn other areas 0 hours/day

a_UPDRS_I_1
a_UPDRS_I_2
a_UPDRS_I_3
a_UPDRS_I_4
a_UPDRS_II_5
a_UPDRS_II_6
a_UPDRS_II_7
a_UPDRS_II_8
a_UPDRS_II_9
a_UPDRS_II_10
a_UPDRS_II_11
a_UPDRS_II_12
a_UPDRS_II_13
a_UPDRS_II_14
a_UPDRS_II_15
a_UPDRS_II_16
a_UPDRS_II_17
a_UPDRS_III_18
a_UPDRS_III_19
a_UPDRS_III_20a
a_UPDRS_III_20b
a_UPDRS_III_20c
a_UPDRS_III_20d
a_UPDRS_III_20e
a_UPDRS_III_21a
a_UPDRS_III_21b
a_UPDRS_III_22a
a_UPDRS_III_22b
a_UPDRS_III_22c
a_UPDRS_III_22d
a_UPDRS_III_22e
a_UPDRS_III_23a
a_UPDRS_III_23b
a_UPDRS_III_24a
a_UPDRS_III_24b
a_UPDRS_III_25a
a_UPDRS_III_25b
a_UPDRS_III_26a
a_UPDRS_III_26b
a_UPDRS_III_27
a_UPDRS_III_28
a_UPDRS_III_29
a_UPDRS_III_30
a_UPDRS_III_31
a_UPDRS_IV_32
a_UPDRS_IV_33
a_UPDRS_IV_34
a_UPDRS_IV_35
a_UPDRS_IV_36
a_UPDRS_IV_37
a_UPDRS_IV_38
a_UPDRS_IV_39
a_UPDRS_IV_40
a_UPDRS_IV_41
a_UPDRS_IV_42
a_UPDRS_I_sum
a_UPDRS_II_sum
a_UPDRS_III_sum
a_UPDRS_IV_sum
a_UPDRS_sum

Patienten ID: DKP 121

Visit: 1

Datum:

UNIFIED PARKINSON'S DISEASE RATING SCALE *

I. MENTATION, BEHAVIOR, AND MOOD

Was subscale 1 completed?

☒

Yes

☐

No

Date Performed:

05/04/2014
M M D D Y Y Y Y

SCORE:

QUESTIONS:

1. Intellectual Impairment

0 = None.

1 = Mild. Consistent forgetfulness with partial recollection of events and no other difficulties.

2 = Moderate memory loss, with disorientation and moderate difficulty handling complex problems. Mild but definite impairment of function at home with need of occasional prompting.

3 = Severe memory loss with disorientation for time and often to place. Severe impairment in handling problems.

4 = Severe memory loss with orientation preserved to person only. Unable to make judgements or solve problems.

Requires much help with personal care. Cannot be left alone at all.

☐

2. Thought Disorder

(Due to dementia or drug intoxication)

0 = None.

1 = Vivid dreaming.

2 = "Benign" hallucinations with insight retained.

3 = Occasional to frequent hallucinations or delusions; without insight; could interfere with daily activities.

4 = Persistent hallucinations, delusions, or florid psychosis. Not able to care for self.

☐

3. Depression

0 = None.

1 = Periods of sadness or guilt greater than normal, never sustained for days or weeks.

2 = Sustained depression (1 week or more).

3 = Sustained depression with vegetative symptoms (insomnia, anorexia, weight loss, loss of interest).

4 = Sustained depression with vegetative symptoms and suicidal thoughts or intent.

☐

4. Motivation/Initiative

0 = Normal.

1 = Less assertive than usual; more passive.

2 = Loss of initiative or disinterest in elective (nonroutine) activities.

3 = Loss of initiative or disinterest in day to day (routine) activities.

4 = Withdrawn, complete loss of motivation.

☐

UPDRS subscale 1 completed by:

V. Hübner

*Fahn S, Marsden CD, Calne DB, Goldstein M, et al. Recent Developments in Parkinson's Disease, Vol. 2. Florham Park, NJ: Macmillan Health Care Information; 1987, pp 153-163, 293-304

II. ACTIVITIES OF DAILY LIVING Page 1 of 2

Was subscale 2 completed?

☒

Yes

☐

No

Date Performed:

05/09/2011
M M D D Y Y Y Y

SCORE:

QUESTIONS:

5. Speech

0 = Normal.

1 = Mildly affected. No difficulty being understood.

2 = Moderately affected. Sometimes asked to repeat statements.

3 = Severely affected. Frequently asked to repeat statements.

4 = Unintelligible most of the time.

☐

6. Salivation

0 = Normal.

1 = Slight but definite excess of saliva in mouth; may have nighttime drooling.

2 = Moderately excessive saliva; may have minimal drooling.

3 = Marked excess of saliva with some drooling.

4 = Marked drooling, requires constant tissue or handkerchief.

☐

7. Swallowing

0 = Normal.

1 = Rare choking.

2 = Occasional choking.

3 = Requires soft food.

4 = Requires NG tube or gastrostomy feeding.

☐

8. Handwriting

0 = Normal.

1 = Slightly slow or small.

2 = Moderately slow or small; all words are legible.

3 = Severely affected; not all words are legible.

4 = The majority of words are not legible.

☐

9. Cutting food and handling utensils

0 = Normal.

1 = Somewhat slow and clumsy, but no help needed.

2 = Can cut most foods, although clumsy and slow; some help needed.

3 = Food must be cut by someone, but can still feed slowly.

4 = Needs to be fed.

☐

10. Dressing

0 = Normal.

1 = Somewhat slow, but no help needed.

2 = Occasional assistance with buttoning, getting arms in sleeves.

3 = Considerable help required, but can do some things alone.

4 = Helpless.

☐

11. Hygiene

0 = Normal.

1 = Somewhat slow, but no help needed.

2 = Needs help to shower or bathe; or very slow in hygienic care.

3 = Requires assistance for washing, brushing teeth, combing hair, going to bathroom.

4 = Foley catheter or other mechanical aids.

☐

II. ACTIVITIES OF DAILY LIVING Page 2 of 2

QUESTIONS:

SCORE:

12. Turning in bed and adjusting bed clothes

- 0 = Normal.
 1 = Somewhat slow and clumsy, but no help needed.
 2 = Can turn alone or adjust sheets, but with great difficulty.
 3 = Can initiate, but not turn or adjust sheets alone.
 4 = Helpless.

13. Falling (unrelated to freezing)

- 0 = None.
 1 = Rare falling.
 2 = Occasionally falls, less than once per day.
 3 = Falls an average of once daily.
 4 = Falls more than once daily.

14. Freezing when walking

- 0 = None.
 1 = Rare freezing when walking; may have start hesitation.
 2 = Occasional freezing when walking.
 3 = Frequent freezing. Occasionally falls from freezing.
 4 = Frequent falls from freezing.

15. Walking

- 0 = Normal.
 1 = Mild difficulty. May not swing arms or may tend to drag leg.
 2 = Moderate difficulty, but requires little or no assistance.
 3 = Severe disturbance of walking, requiring assistance.
 4 = Cannot walk at all, even with assistance.

16. Tremor

(Symptomatic complaint of tremor in any part of body.)

- 0 = Absent.
 1 = Slight and infrequently present.
 2 = Moderate: bothersome to patient.
 3 = Severe: interferes with many activities.
 4 = Marked: interferes with most activities.

17. Sensory complaints related to parkinsonism

- 0 = None.
 1 = Occasionally has numbness, tingling, or mild aching.
 2 = Frequently has numbness, tingling, or aching; not distressing.
 3 = Frequent painful sensations.
 4 = Excruciating pain.

UPDRS subscale 2 completed by: _____

UNIFIED PARKINSON'S DISEASE RATING SCALE

III. MOTOR EXAMINATION Page 1 of 3

Was subscale 3 completed? ☐ Yes ☐ No

Date Performed: 05.12.2014
M M D D Y Y Y Y

QUESTIONS:

18. Speech

0 = Normal.

1 = Slight loss of expression, diction and/or volume.

2 = Monotone, slurred but understandable; moderately impaired.

3 = Marked impairment, difficult to understand.

4 = Unintelligible.

SCORE:

19. Facial Expression

0 = Normal.

1 = Minimal hypomimia, could be normal "Poker Face".

2 = Slight but definitely abnormal diminution of facial expression

3 = Moderate hypomimia; lips parted some of the time.

4 = Masked or fixed facies with severe or complete loss of facial expression; lips parted 1/4 inch or more.

20. Tremor at rest

(head, upper and lower extremities)

0 = Absent.

1 = Slight and infrequently present.

2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present.

3 = Moderate in amplitude and present most of the time.

4 = Marked in amplitude and present most of the time.

20a. Face, lips-chin

20a.

20b. Right Hand

20b.

20c. Left Hand

20c.

20d. Right Foot

20d.

20e. Left Foot

20e.

21. Action or Postural Tremor of hands

0 = Absent.

1 = Slight; present with action.

2 = Moderate in amplitude, present with action.

3 = Moderate in amplitude with posture holding as well as action.

4 = Marked in amplitude; interferes with feeding

21a. Right Hand

21a.

21b. Left Hand

21b.

22. Rigidity

(Judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored.)

0 = Absent.

1 = Slight or detectable only when activated by mirror or other movements.

2 = Mild to moderate.

3 = Marked, but full range of motion easily achieved.

4 = Severe. range of motion achieved with difficulty.

22a. Neck

22a.

22b. RUE

22b.

22c. LUE

22c.

22d. RLE

22d.

22e. LLE

22e.

III. MOTOR EXAMINATION **Page 2 of 3****QUESTIONS:****23. Finger Taps****SCORE:**

(Patient taps thumb with index finger in rapid succession.)

0 = Normal.

1 = Mild slowing and/or reduction in amplitude.

2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.

3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.

4 = Can barely perform the task.

23a. Right Hand

23a.

23b. Left Hand

23b. **24. Hand Movements**

(Patient opens and closes hands in rapid succession.)

0 = Normal.

1 = Mild slowing and/or reduction in amplitude.

2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.

3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.

4 = Can barely perform the task.

24a. Right Hand

24a.

24b. Left Hand

24b. **25. Rapid Alternating Movements of Hands**

(Pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously.)

0 = Normal.

1 = Mild slowing and/or reduction in amplitude.

2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.

3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.

4 = Can barely perform the task.

25a. Right Hand

25a.

25b. Left Hand

25b.

26. Leg Agility

(Patient taps heel on the ground in rapid succession picking up entire leg. Amplitude should be at least 3 inches.)

0 = Normal.

1 = Mild slowing and/or reduction in amplitude.

2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement.

3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement.

4 = Can barely perform the task.

26a. Right Leg

26a.

26b. Left Leg

26b.

27. Arising from Chair

(Patient attempts to rise from a straightbacked chair, with arms folded across chest.)

0 = Normal.

1 = Slow; or may need more than one attempt.

2 = Pushes self up from arms of seat.

3 = Tends to fall back and may have to try more than one time, but can get up without help.

4 = Unable to arise without help.

III. MOTOR EXAMINATION Page 3 of 3**QUESTIONS:****28. Posture**

SCORE:

0 = Normal erect.

1 = Not quite erect, slightly stooped posture; could be normal for older person.

2 = Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.

3 = Severely stooped posture with kyphosis; can be moderately leaning to one side.

4 = Marked flexion with extreme abnormality of posture.

29. Gait

0 = Normal.

1 = Walks slowly, may shuffle with short steps, but no festination (hastening steps) or propulsion.

2 = Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.

3 = Severe disturbance of gait, requiring assistance.

4 = Cannot walk at all, even with assistance.

30. Postural Stability

(Response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart. Patient is prepared.)

0 = Normal.

1 = Retropulsion, but recovers unaided.

2 = Absence of postural response; would fall if not caught by examiner.

3 = Very unstable, tends to lose balance spontaneously.

4 = Unable to stand without assistance.

31. Body Bradykinesia and Hypokinesia

(Combining slowness, hesitancy, decreased armswing, small amplitude, and poverty of movement in general.)

0 = None.

1 = Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude.

2 = Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.

3 = Moderate slowness, poverty or small amplitude of movement.

4 = Marked slowness, poverty or small amplitude of movement.

UPDRS subscale 3 completed by:

SCORE:

15

Patienten ID: **DKP 121**

Visit: **1**

Datum:

39. What proportion of the waking day is the patient "off" on average?

0 = None

1 = 1-25% of day.

2 = 26-50% of day.

3 = 51-75% of day.

4 = 76-100% of day.

☐

C. OTHER COMPLICATIONS

☐

Completed

☐

Not Completed

40. Does the patient have anorexia, nausea, or vomiting?

0 = No

1 = Yes

☐

41. Any sleep disturbances, such as insomnia or hypersomnolence?

0 = No

1 = Yes

☐

42. Does the patient have symptomatic orthostasis?

(Record the patient's blood pressure, height and weight on the scoring form)

0 = No

1 = Yes

☐

UPDRS subscale 4 completed by: _____

HOEHN AND YAHR STAGING

☐ Completed ☐ Not Completed

- ☐ STAGE 0 = No signs of disease.
- ☐ STAGE 1 = Unilateral disease.
- ☐ STAGE 1.5 = Unilateral plus axial involvement.
- ☐ STAGE 2 = Bilateral disease, without impairment of balance.
- ☒ STAGE 2.5 = Mild bilateral disease, with recovery on pull test.
- ☐ STAGE 3 = Mild to moderate bilateral disease; some postural instability; physically independent.
- ☐ STAGE 4 = Severe disability; still able to walk or stand unassisted.
- ☐ STAGE 5 = Wheelchair bound or bedridden unless aided.

Hoehn and Yahr staging established by: _____

GENERAL COMMENTS

Date Comment Relates to / / / / / / /
M M D D Y Y Y Y

CRF page Number: _____

Comment:

Date Comment Relates to / / / / / / /
M M D D Y Y Y Y

CRF page Number: _____

Comment:

not entered

Date Comment Relates to / / / / / / /
M M D D Y Y Y Y

CRF page Number: _____

Comment:

Date Comment Relates to / / / / / / /
M M D D Y Y Y Y

CRF page Number: _____

Comment:
