

(DOCUMENT AND INCLUDE WITH WORKBOOK IF NECESSARY)

THIS PARTICIPANT WAS ENROLLED IN MORE  
THAN ONE STUDY.

PLEASE CHECK

CHON1 NC 03

FOR COMPREHENSIVE INFORMATION and/or  
ADDITIONAL STUDY MATERIALS.



## ACH WORKBOOK

Cholinergic PET imaging of Parkinson's disease and related disorders (HUM00074768)

- ⌘ Enter information in workbook as complete as possible. Document all omissions.
- ⌘ Make sure each page has correct study code and examiner's initials.
- ⌘ Make sure to complete workbook/study materials checklist before subject leaves.
- ⌘ Document if subject is dual-enrolled with other studies.
- ⌘ Document any side effects or problems.
- ⌘ Document any deviation from protocol and reason for the deviation.

## INFORMED CONSENT

→ Please check expiration date of consent form before signing ←

Informed consent was obtained prior to the start of research procedures with the following persons present:

1. participant
2. Christina Munderovic
3. \_\_\_\_\_
4. \_\_\_\_\_

The following elements of the study were discussed in more detail (check all that apply)

- ☒ Clinical testing procedures
- ☒ Imaging
- ☒ General or radiation safety
- ☒ Confidentiality
- ☒ Time commitment
- ☐ Other: \_\_\_\_\_

The research participant communicated understanding of: (check all that apply)

- ☒ Main tasks to be completed
- ☒ Number of visits
- ☒ One or more potential risks of participation

Average duration of time spent for explanation of study and answering questions was

- ☒ 15 minutes or less      ☐ 16-30 minutes      ☐ more than 30 minutes

I discussed the risks, benefits, and alternatives with the research participant and reviewed the consent form. I answered all questions to his/her satisfaction. The research subject agreed to participate in the research study and signed the consent form prior to beginning any research procedures.

Print name & Signature

Time 7-15-14

Christina Munderovic

**Inclusion/Exclusion Criteria PD**

<b>INCLUSION FOR (circle)</b>	<b>PD</b>	<b>PSP</b>	<b>SCA3</b>	<b>NC</b>
YES / NO	Age 40 and above, Male or Female			
YES / NO / NA	PD diagnosis established according to the UK Parkinson's Disease Society Brain Bank Research Center (UKPDSBRC) clinical diagnostic criteria for PD.			
YES / NO / NA	PD subjects at risk for dementia			
YES / NO / NA	Absence of dementia confirmed by clinical and detailed neuropsychological assessment			
YES / NO / NA	PSP subjects according to NINDS criteria			
YES / NO / NA	SCA3 subjects as defined by the specific genotype of genotype confirmed family history			
YES / NO / NA	Age-matched normal controls			
<b>EXCLUSION</b>				
YES / NO	Subjects with contra-indications to magnetic resonance imaging (MRI), including, but not limited to, those with pacemakers, or claustrophobia			
YES / NO	Evidence of large vessel stroke or mass lesion on MRI			
YES / NO	Subjects using anticholinergic (Trihexyphenidyl/Artane, Benztropine/Cogentin) or neuroleptic drugs at baseline			
YES / NO	Evidence of atypical parkinsonism other than PSP or SCA, on neurological exam			
YES / NO	Subjects limited by participation in research procedures involving ionizing radiation			
YES / NO	Pregnant (absence to be confirmed within 48 hours prior to each PET session) or breastfeeding			
YES / NO	Active smoking, use of other tobacco products, or use of nicotinic drugs such as nicotine patches or varenicline			

**MOTOR TEST BATTERY**

Peg OFF	RT HAND	LT HAND
2 ROWS	25.9	27.4
5 ROWS	62.5	65.4

**FOOTTAPPING**

<input type="checkbox"/> Right Foot—2 trials
<input type="checkbox"/> Left Foot—2 trials
<input type="checkbox"/> Alternate foot tapping
<input type="checkbox"/> Alternate Foot tapping with Cog task
<input type="checkbox"/> Parallel Foot Tapping

Start number \_\_\_\_\_

Trials \_\_\_\_\_

Errors \_\_\_\_\_

**BIOTHESIOMETER**

	Right Ankle	Left Ankle
Trial 1	15	10
Trial 2	10	10
Trial 3	6	6
Mean	10.3	8.6

FINGER TAPPER "OFF"	RIGHT HAND	LEFT HAND
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
MEAN	38.4	37.6

**BALANCE, TREM, RXN**

<input checked="" type="checkbox"/> Sensory Organization Test							
<input checked="" type="checkbox"/> Motor Control Test							
<input checked="" type="checkbox"/> Tremorometer							
<input checked="" type="checkbox"/> Motor Reaction Test							
<input checked="" type="checkbox"/> APDM Sensor Assessment							
iTug	ISaw	Firm -EO	Firm -EC	Pad -EO	Pad -EC	Ramp-EO	Ramp-EC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
iTUG preferred turning direction RIGHT LEFT							
<input checked="" type="checkbox"/> Mini-BESTest Sensor test							

☒ GaitRite Assessment☒ Protokinetics (Zeno) Walkway Assessment

CW Turn	CCW Turn	NP Stop	FP Stop	CW Turn & Stop	CCW Turn & Stop	CW Spot Turn	CCW Spot Turn	OBST
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## VISUAL ASSESSMENT

☒ **TONOMETER** RT 17.0 LT 17.3☒ **OPTOVUE**☒ **ISHIHARA** (see next page) 17 / 17☒ **MUNSELL 100** TES (total error score) 8☒ **RABIN CONTRAST:** Log CS Score 1.45**STEREO BUTTERFLY:** ☒ Correct Identification☐ Identification of generic 3-D object**STEREO FLY:** ☒ Correct Identification☐ Identification of 3-D wings after prompting**STEREO CIRCLES:** 6 / 9**STEREO ANIMALS:** 3 / 3 ☒ CAT ☒ RABBIT ☒ MONKEY

**ISHIHARA TEST**

Plate #	Normal Person	Red/Green Deficiencies		Total Color Blindness	
1	12		12		12
2	8		3		X
3	6		5		X
4	29		70		X
5	57		35		X
6	5		2		X
7	3		5		X
8	15		17		X
9	74		21		X
10	2		X		X
11	6		X		X
12	97		X		X
13	45		X		X
14	5		X		X
15	7		X		X
16	16		X		X
17	73		X		X
18	X		5		X
19	X		2		X
20	X		45		X
21	X		73		X
		Protan		Deutan	
		Strong	Mild	Strong	Mild
22	26	6	(2)6	2	2(6)
23	42	2	(4)2	4	4(2)
24	35	5	(3)5	3	3(5)
25	96	6	(9)6	9	9(6)

\*numbers in ( ) show they can be read but they are comparatively unclear.

\*\*use plates 26-28 if numbers cannot be read. Winding lines between the two X's are traced with finger.

☐ Plates 1-17: 17 / 17  $\geq 14$  correct: Normal  $\leq 13$  Correct: Administer 18-21.

☐ Plates 18-21: 4 / 4

☐ 22: \_\_\_\_\_ ☐ 23: \_\_\_\_\_ ☐ 24: \_\_\_\_\_ ☐ 25: \_\_\_\_\_

☐ Protan S/M

☐ Deutan S / M

## OLFACTORY ASSESSMENT

☐ Hx allergies/sinusitis ☐ Stuffy nose today ☐ Current Smoker ☐ Hx Smoking

Sensorics

Smell Recognition (UPSIT)

Score

38

/40

=

88

%

Sniffin' Sticks (see pages in back for complete data)

Smell Threshold

5.5

Smell Discrimination

13

/16

Smell Identification

14

/16

Acoustic Rhinometer

Side	Right	Left
Trial 1 Volume		
Trial 2 Volume		
Trial 3 Volume		
Average Volume	4.84	5.87

Sniff Magnitude Test

Canister 1 ratio: 1.00 Canister 2 ratio: 1.09 Canister 3 ratio: 0.99 Canister 4 ratio: 1.02

DNA CONSENT OBTAINED: YES / NO

SALIVA OBTAINED: YES / NO / NA / ALT CODE? BLOOD OBTAINED: YES / NO / NA / ALT CODE?



## Neuropsychological Assessment

<input checked="" type="checkbox"/> Montreal Cognitive Assessment (MoCA)	
<input checked="" type="checkbox"/> MMSE	
<input checked="" type="checkbox"/> Parkinson's Disease – Cognitive Rating Scale (PD-CRS)	
<input checked="" type="checkbox"/> Mattis Dementia Rating Scale (MDRS)	
<input checked="" type="checkbox"/> WAIS-III subtest Digit Symbol	
<input checked="" type="checkbox"/> WAIS-III subtest Matrix Reasoning	
<input checked="" type="checkbox"/> WAIS-III subtest Information	
<input checked="" type="checkbox"/> WAIS-III subtest Digit Span (forward & backward)	
<input checked="" type="checkbox"/> D-KEFS subtest Verbal Fluency Test (initial letter fluency F, A and S; Animal Naming)	
<input checked="" type="checkbox"/> D-KEFS subtest Sorting Test	
<input checked="" type="checkbox"/> D-KEFS Color Word Interference Test (STROOP)	
<input checked="" type="checkbox"/> D-KEFS subtest Trail Making Test	
<input checked="" type="checkbox"/> California Verbal Learning Test -II (CVLT)	
<input checked="" type="checkbox"/> Benton Judgment of Line Orientation	
<input checked="" type="checkbox"/> WMS-III, Visual Reproduction	
<input checked="" type="checkbox"/> Boston Naming Test (30 Item)	
<input checked="" type="checkbox"/> Clinical Dementia Rating	



## Neuropsychiatric Assessment

<input checked="" type="checkbox"/> Geriatric Depression Scale (GDS)	
<input checked="" type="checkbox"/> Spielberger Trait Anxiety Inventory	
<input checked="" type="checkbox"/> Modified Marin Apathy Evaluation Scale	
<input checked="" type="checkbox"/> General Feelings Questionnaire (GFQ)	
<input type="checkbox"/> PDQ-39	
<input checked="" type="checkbox"/> MAYO Sleep Questionnaire	
<input type="checkbox"/> Rhinorrhea Questionnaire	
<input checked="" type="checkbox"/> Brief Psychiatric Rating Scale (BPRS)	
<input checked="" type="checkbox"/> Neuropsychiatric Inventory (NPI)	
<input checked="" type="checkbox"/> Parkinson's Disease- Cognitive Functional Rating Scale (PD-CFRS)	
<input checked="" type="checkbox"/> Instrumental Activities of Daily Life & Physical Self-Maintenance Scale (IADL-PSMS)	
<input type="checkbox"/> MDS-UPDRS non-motor (I,II, & IV)	

### General Feelings Questionnaire © N. Bohnen, MD

Circle the following that may apply to you:

0=Almost Never; 1=Sometimes; 2=Often; 3=Very Often

A	0 1 <u>2</u> 3	It makes me upset to see people disobey the law.
B	0 <u>1</u> 2 3	I am an easygoing and laid back person.
C	<u>0</u> 1 2 3	It is difficult for me to do two things at the same time.
D	<u>0</u> 1 2 3	I like to play the lottery.
E	0 <u>1</u> 2 3	I act on impulse.
F	0 <u>1</u> 2 3	I find it important to know every detail so that I can make the right decision.
G	<u>0</u> 1 2 3	I prefer that people leave me alone and do not bother me.
H	<u>0</u> 1 2 3	I think that others are playing tricks on me.
I	<u>0</u> 1 2 3	Sometimes those close to me are not honest with me.
J	0 <u>1</u> 2 3	I need a careful and detailed plan before acting.
K	<u>0</u> 1 2 3	I believe something bad is going to happen to me.
L	<u>0</u> 1 2 3	I tend to keep at something for so long that others can become irritated with me.
M	<u>0</u> 1 2 3	I am losing initiative
N	<u>0</u> 1 2 3	I feel nervous when I make eye contact with others.
O	0 <u>1</u> 2 3	I get so focused on a thought that I cannot get off of it.

*an*

Continue on next page

Circle the Following that may apply to you:

0=Almost Never; 1=Sometimes; 2=Often; 3=Very Often

P	0 <u>1</u> 2 3	I need to know all of the details before acting.
Q	<u>0</u> 1 2 3	I am uneasy in new surroundings.
R	<u>0</u> 1 2 3	I have difficulty ending conversations even when I have nothing to say.
S	<u>0</u> 1 2 3	I am overly careful and precise.
T	0 <u>1</u> 2 3	A certain line of thought stays on my mind for days at a time.
U	0 <u>1</u> 2 3	I easily become irritated when I am interrupted while doing things.
V	0 1 <u>2</u> 3	I am flexible.
W	0 1 <u>2</u> 3	I say things too quickly without thinking.
X	0 <u>1</u> 2 3	I check and re-check things carefully.
Y	0 <u>1</u> 2 3	Others find me less interesting. <i>very subjective</i>
Z	0 <u>1</u> 2 3	I make up my mind quickly.
AA	0 1 <u>2</u> 3	I am an outgoing and spontaneous person.

**Rhinorrhea Questionnaire**

1. Do you have a decreased sense of smell?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Do you frequently have a runny nose?	<input type="checkbox"/> Yes...if yes, continue <input checked="" type="checkbox"/> No...if no, stop here
3. Is it related to allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is it related to sinus problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is it related to frequent colds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If the answers for 3-5 are no, did it start before or after your Parkinson symptoms?	<input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> N.A. (if you do not have Parkinson's)
7. Does your runny nose worsen with eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## NEUROPSYCHOLOGICAL TESTING

Education	16		
Age	66		
Gender	F		
Hand Dom	Right		
MOCA	28	MMSE-30	PD-CRS-122
Color Blind	Y / (N)		
Boston	30/30		
JOLO	25/30		
Smell	38/40	% 88%	

WAIS-III	Subtest	Raw	Scaled
	Digit Symbol (coding):	91	17
	Matrix Reasoning :	22	16
	Digit FW:	12	-
	Digit BW:	6	-
	Digit Total:	18	-
	Information:	26	16

CVLT-II	Subtest	Raw	Scaled
	CVLT-1:	5	-0.5
	CVLT-2:	6	-1.0
	CVLT-3:	10	0.0
	CVLT-4:	10	-0.5
	CVLT-5:	14	1.0
	CVLT-STM:	15	2.0
	CVLT-LTM:	13	0.5
	RECOGNITION:	16	0.5

REACTION TIME TEST	RXN R/L	254	SD	72
	CHOICE	520	SD	558
	CONDITIONAL	807	SD	174

D-KEFS		Raw	Scaled
	STROOP-I:	45.0	
	STROOP-II:	53.3	
	STROOP-III:	86.8	
	STROOP-IV:	94.0	
	Subtest	Raw	Scaled
	SORTING-1:	24	
	SORTING-2:	24	
	RECOGN-1:	24	
	RECOGN-2:	24	

F	A	S	ANIMALS
21	19	19	23
FAS TOTAL 59	FAS SCALED 17		

TRAIL MAKING TEST	TMT 1	19.7	
	TMT 2	22.4	
	TMT 3	18.4	
	TMT 4	47.3	
	TMT 5	14.9	

WMS III	Design A	10	
	Design B	10	TOTAL 86
	Design C	18	<del>error</del>
	Design D	25	SCALED 14
	Design E	23	

DRS	RAW		AMSS	PERCENT
	ATT 37		13	82-89
	I/P 37		11	60-71
	CONST 6		10	41-59
	CONCEPT 37		10	41-59
	MEMORY 25		13	82-89
	TOTAL RAW 142	T.AMSS: 13	AEMSS: 12	82-89

## SNIFFIN' STICKS ODOR THRESHOLD

5.5

DILUTION							
1							
2							
3							
4				++			
5				~	++	++	
6			++	∅	<del>+</del>	to	
7			~	∅			
8	++		∅				
9	~	++	∅				
0	to		∅				
11	~						
12	to						
13	~						
14	∅						
15	~						
16	∅						



**SNIFFIN' STICKS ODOR DISCRIMINATION**

Mark each box with R (red) G (green) B (Blue)

1	<del>G</del>
2	<del>G</del>
3	<del>G</del>
4	B x
5	<del>G</del>
6	<del>G</del>
7	<del>G</del>
8	<del>G</del>
9	B x
0	<del>G</del>
11	<del>G</del>
12	<del>G</del>
13	<del>G</del>
14	<del>G</del>
15	R x
16	<del>G</del>

$$\frac{13}{16}$$

ou

## SNIFFIN' STICKS ODOR IDENTIFICATION

1	ORANGE	BLACKBERRY	STRAWBERRY	PINEAPPLE
2	SMOKE	GLUE	LEATHER	GRASS
3	HONEY	VANILLA	CHOCOLATE	CINNAMON
4	CHIVE	PEPPERMINT	FIR	ONION
5	COCONUT	BANANA	WALNUT	CHERRY
6	PEACH	APPLE	LEMON	GRAPEFRUIT
7	LIQUORICE	CHERRY	SPEARMINT	COOKIES
8	MUSTARD	GUM	MENTHOL	TURPENTINE
9	ONION	SAUERKRAUT	GARLIC	CARROTS
10	CIGARETTES	COFFEE	WINE	SMOKE
11	MELON	PEACH	ORANGE	APPLE
12	CLOVES	PEPPERMINT	CINNAMON	MUSTARD
13	PEAR	PLUM	PEACH	PINEAPPLE
14	CAMOMILLE	RASPBERRY	ROSE	CHERRY
15	ANISE	RUM	HONEY	FIR
16	BREAD	FISH	CHEESE	HAM

14  
16