

Personal Profile Survey

General Survey Details

Desired display type	3 Surveys across 3 pages
Full Survey Citation	N/A
Save For Later Functionality	Yes on each page

Survey #1: Personal Profile Questions

Page Title: Basic Information

Page Directions: Tell us a little about yourself so we can keep your account secure and stay in touch.

Section #1

Title #1: Basic Information

Q1

Question: First Name

Ghost Text: Enter first name here

Question Type: Inline Comment

Validation Message: This field is required

Functionality: Prepopulate and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

Required: Yes

Q2

Question: Middle Name

Ghost Text: Enter middle name here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q3

Question: Last Name

Ghost Text: Enter last name here

Question Type: Inline Comment

Validation Message: This field is required

Functionality: Prepopulate and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

Required: Yes

Q4

Question: Sex at birth

Ghost Text: Select

Answer Options:

- A1: Male
- A2: Female

Question Type: Dropdown

Validation Message: This field is required

Functionality: If known, prepopulate and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

Required: Yes

Q5

Question: Date of Birth

Month Box: 2-digit

Day Box: 2-digit

Year Box: 4-digit

Subtext: For example, January 1, 1957 is 01 01 1957

Question Type: Integer Input

Validation Messages: This field is required / Enter a valid date

Functionality: Prepopulate and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

Required: Yes

Q6

Question: Birth City

Ghost Text: Enter birth city here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q7

Question: Birth Country

Ghost Text: Select birth country

Question Type: Drop down: Country List

Validation Message: N/A

Required: No

Q8

Question: Primary language for surveys and activities

Question Type: Drop down: Available myPPMI languages

Validation Message: N/A

Functionality: Prepopulate and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

Required: Yes

Title #2: Address

Button (Left): ADD ANOTHER ADDRESS

Functionality: Adds another set of address fields (Q11-Q16)

Q9

Question: Address 1

Ghost Text: Enter address 1

Question Type: Inline Comment

Validation Message: This field is required

Required: Yes

Q10

Question: Address 2

Ghost Text: Enter address 2

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q11

Question: City

Ghost Text: Enter city

Question Type: Inline Comment

Validation Message: This field is required

Required: Yes

Q12

Question: State

Ghost Text: Select state

Question Type: Drop down: States

Validation Message: This field is required

Required: Yes

Q13

Question: Postal Code

Ghost Text: Enter postal code

Question Type: Inline Comment

Validation Message: This field is required

Required: Yes

Q14

Question: Country

Functionality: Prepopulate from country selected at registration and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

BUTTON: SAVE ADDRESS

Section #2:

Title: Contact Information

Q15

Question: Email

Ghost Text: Enter email here

Question Type: Inline Comment

Validation Message: This field is required

Functionality: Prepopulate and disable editing capabilities.

Helper Text: Please [contact us](#) to edit this field. {"contact us" links to the myPPMI Contact page}

Required: Yes

Q16

Question: Secondary Email

Ghost Text: Enter secondary email here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q17

Question: Phone Number

Ghost Text: Enter phone number here

Question Type: String

Validation Message: N/A

Required: Yes

Add checkbox and checkbox text: Check here if there is no phone number to provide

Checkbox functionality: If there is no phone number to provide, checking this box will fulfil the requirement to provide a phone number.

Q18

Question: Phone Number Type

Ghost Text: Select phone number type

Question Type: Drop down

Drop down options:

A1: Home

A2: Mobile

A3: Office

Validation Message: This field is required

Functionality: If no phone number checkbox is selected, this is no longer required.

Q19

Question: Secondary Phone Number

Ghost Text: Enter secondary phone number here

Question Type: Integer input

Validation Message: N/A

Required: No

Q20

Question: Secondary Phone Number Type

Question Type: Drop down

Drop down options:

A1: Home

A2: Mobile

A3: Office

Validation Message: N/A

Required: No

Q21

Question: Preferred Contact Method

Question Type: Drop down

Drop down options:

A1: Mobile Call

A2: Home Call

A3: Email

A4: Text

Validation Message: This field is required

Required: Yes

Section #3a: Alternate Contacts – Empty State

Title: Alternate Contacts

Subtitle: Optional

Instructions: In case we lose contact with you in the future, please list someone (like a friend or relative) who could probably tell us how we can get in touch with you.

Button: ADD NEW CONTACT

Section #3b: Alternate Contacts – Add New Contact

Title: Alternate Contacts

Subtitle: Optional

Instructions: In case we lose contact with you in the future, please list someone (like a friend or relative) who could probably tell us how we can get in touch with you.

Button: ADD NEW CONTACT

Q22

Question: What is this person's relationship with you?

Ghost text: Select

Question Type: Drop down

Drop down options:

- A1: Spouse
- A2: Other relative
- A3: Care partner
- A4: Friend
- A5: Someone else

Validation Message: N/A

Required: No

Q23

Question: Email

Ghost text: Enter email here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q24

Question: First Name

Ghost Text: Enter first name here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q25

Question: Middle Name

Ghost Text: Enter middle name here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q26

Question: Last Name

Ghost Text: Enter last name here

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q27

Question: Phone Number

Ghost Text: Enter phone number here

Question Type: Integer Input

Validation Message: N/A

Required: No

Q28

Question: Phone Number Type

Ghost Text: Select phone number type

Question Type: Drop down

Drop down options:

A1: Home

A2: Mobile

A3: Office

Validation Message: N/A

Required: No

Add checkbox and checkbox text below phone number fields: Check here if there is no phone number to provide

Q29

Question: Address 1

Ghost Text: Enter address 1

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q30

Question: Address 2

Ghost Text: Enter address 2

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q31

Question: City

Ghost Text: Enter city

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q32

Question: State

Ghost Text: Select state

Question Type: Drop down: States

Validation Message: N/A

Required: No

Q33

Question: Postal Code

Ghost Text: Enter postal code

Question Type: Inline Comment

Validation Message: N/A

Required: No

Q34

Question: Country

Ghost Text: Select country

Question Type: Drop down: myPPMI Countries

Validation Message: N/A

Required: No

Button #1 Text: CANCEL

Button #1 Flow Functionality: Selection brings participant out of “add new contact” page and stays on page with alternative contact section in empty state

Button #2 Text: SAVE CONTACT

Button #2 Flow Functionality: Selection saves alternative contact information and stays on page

Section #3c: Alternate Contacts – New Contact Added

Title: Alternate Contacts

Subtitle: Optional

Instructions: In case we lose contact with you in the future, please list someone (like a friend or relative) who could probably tell us how we can get in touch with you.

Button: ADD NEW CONTACT

Functionality: Show the following data fields provided when participant added a contact:
Alternative Contact Name, Email, City and State

Button #1: DELETE

Button #1 Functionality: Selection removes alternative contact information

Button #2: EDIT

Button #2 Functionality: Selection brings up alternative contact fields allowing participant to edit previously provided information.

Section #3d: Alternate Contacts – Edit Contact

Presentation: Present same content and question fields as section 4b with prefilled alternative contact information.

Button #1: DELETE

Button #1 Functionality: Selection removes alternative contact information

Button #2: UPDATE

Button #2 Functionality: Updates alternative contact information fields with newly provided information

Buttons presented at bottom of page:

Button #1: BACK

Button #1 Functionality: Brings participant back to Data Disclosure page

Button #2: NEXT

Button #2: Functionality: Brings participant to “Personal Background” page

Save Functionality: Yes

Save Text: Save answers and finish later

Survey #2: Personal Background

Page Title: Personal Background

Page Directions: Please answer a few questions to help us understand your background so we can support accurate and inclusive research.

Section #1

Q35

Question: Who is providing this information? (Select all that apply)

Answer Options:

- A1: Self
- A2: Spouse
- A3: Other relative
- A4: Care Partner
- A5: Friend
- A6: Someone else

Question Type: Checkbox

Validation Message: This field is required

Required: Yes

Q36

Question: Which race and/or ethnicity do you identify with? (Select all that apply)

Answer Options:

- A1: White
- A2: American Indian or Alaska Native
- A3: Hawaiian or Other Pacific Islander
- A4: Black or African American
- A5: Hispanic or Latino
- A6: Asian
- A7: Middle Eastern or North African
- A8: Unsure/Decline to answer

Question Type: Checkbox

Validation Message: This field is required

Required: Yes

Q37

Question: Do you closely identify with any of the following descents? (Select all that apply)

Answer Options:

- A1: Ashkenazi Jewish descent
- A2: Basque decent
- A3: African Berber descent
- A4: No, Unknown or decline to answer

Question Type: Checkbox

Validation Message: This field is required

Required: Yes

Button #1 Text: BACK

Button #1 Flow Functionality: Selection brings participant to Survey #1

Button #2 Text: NEXT

Button #2 Flow Functionality: Selection brings participant to Survey #3

Save Functionality: Yes

Save Text: Save answers and finish later

Survey #3: General Health Information

Page Title: General Health Information

Page Directions: Share information about your health so we can better understand factors connected to Parkinson's disease and other conditions.

Q38

Question: Do you have a diagnosis of REM sleep behavior disorder, also known as RBD?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer

Question Type: Radio Group

Validation Message: This field is required

Required: Yes

Q39

Question: Some people act out dreams while they sleep. They may punch, kick, yell, or even fall out of bed. Have you been told you act out your dreams? Or do you suspect you may do this?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer

Question Type: Radio Group

Validation Message: This field is required

Required: Yes

Q40

Question: Do you have any problems with your sense of smell?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer

Question Type: Radio Group

Validation Message: This field is required

Required: Yes

Q41

Question: Have you been diagnosed with Parkinson's disease?

Answer Options:

- A1: Yes
- A2: No

Question Type: Radio Group

Logic: [If Q41 = A1, show Q42 and Q43]

Validation Message: This field is required

Required: Yes

Q42

Question: What year were you first diagnosed with Parkinson's Disease (to the best of your memory)?

A1: Open number field (1000-3000)

Question Type: Integer Input

Validation Message: This field is required or please enter a number between 1000-3000.

Required: Yes

Q43

Question: Have you been prescribed any medications to treat your Parkinson's disease? (Examples may include levodopa or Sinemet; dopamine agonists such as Mirapex or Requip; MAO-B inhibitors such as Azilect; amantadine, or other medications to treat Parkinson's symptoms)?

Answer Options:

- A1: Yes
- A2: No
- A3: Not Sure

Question Type: Radio Group

Validation Message: This field is required.

Required: Yes

Q44

Question: Have you ever had genetic testing related to Parkinson's disease (for example, to test for genetic variants in the LRRK2, GBA, SNCA, or PRKN genes)?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer.

Question Type: Radio Group

Validation Message: This field is required.

Required: Yes

Q45

Question: Do any of the following relatives (living or deceased) have Parkinson's disease (Mother, Father, Sister, Brother, and/or Children)?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer.

Question Type: Radio Group

Validation Message: This field is required.

Required: Yes

Q46

Question: Have any of the following relatives (Mother, Father, Sister, Brother, and/or Children) had genetic testing related to Parkinson's disease (for example, to test for genetic variants in the LRRK2, GBA, SNCA, or PRKN genes)?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer.

Question Type: Radio Group

Validation Message: This field is required.

Required: Yes

Q47

Question: Do you think your memory is poor, or even very poor, compared to your peers?

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer.
-

Question Type: Radio Group

Validation Message: This field is required.

Required: Yes

Q48

Question: Have you noticed that you are having more problems with thinking, such as difficulties with memory or concentration, that is a change from your normal abilities?

Some examples of thinking problems might include:

Memory: such as forgetting what someone recently told you, familiar names, or upcoming events

Concentration: such as difficulty reading an article or book or watching a television show or movie.

Organization: such as paying bills, managing medication, or organizing and completing a shopping list.

Spatial ability: such as driving or finding one's way around an unfamiliar location.

Understanding: such as making sense of conversations or finding words talking

Answer Options:

- A1: Yes
- A2: No
- A3: Not sure
- A4: Prefer not to answer.

Question Type: Radio Group

Validation Message: This field is required.

Required: Yes

Button #1 Text: BACK

Button #1 Flow Functionality: Selection brings participant to Survey #2

Button #2 Text: SUBMIT

Button #2 Flow Functionality: Selection brings participant to "You're all set" page

Save Functionality: Yes

Save Text: Save answers and finish later

Thank You

Error State Content and Functionality

If a participant does not provide information in a required field or question

1. Present the following validation message at top of profile page: Some or all fields are missing
2. Call out missing fields by outlining field in red and showing validation message for that question.