FOUND in PPMI Questionnaire: Getting started - First Survey

(This questionnaire is completed once at the enrollment)

Dear PPMI participant,

Thank you very much for agreeing to participate in the FOUND Project and sending back the consent forms. Please complete the survey and submit back to us within a week if possible.

1. On what date are you filling out this form? _____(MM/DD/YYYY)

2. Who is filling out these survey questions?
   Person participating in PPMI only
   Person participating in PPMI and someone else

   A. If you indicated that another person is helping you to complete this form, please specify who that person is:
      Spouse Other relative Caregiver Friend
      Someone else
      If you chose "someone else," please specify this person's relationship to you.
      If you chose "other relative," please specify who:
      Brother Sister Father Mother
      Aunt Uncle Niece Nephew
      Another relative
      If you chose "another relative" please specify this person's relationship to you.

   B. If someone other than the PPMI participant is completing this form, please indicate why. You may check all that apply
      Hearing problem Speaking problem
      Vision problem Movement problem
      Not used to using the computer (if completing this form electronically)
      Other
      If you chose "other," please explain why.
3. What was your first name at birth
4. What was your middle name at birth
5. What was your last name at birth
6. On what date were you born? Please provide full date of birth
7. In what city or municipality were you born?
8. In which country were you born
9. Which of these choices describe your race?
   White Black American Indian or Alaskan Native
   Asian or Pacific Islander Other
   If you chose "other," please indicate your race.
10. Are you of Hispanic origin? No Yes

Contact Information

11. What is your home address?

Street number	Street name	Apartment number
City	State / Province	
Zip code / Postal code Country	Country	

12. What is your phone number?
13. What is your email?
14. Do you use any other email addresses? If yes, please list:
    a. Alternate email 1:
    b. Alternate email 2:

If we can't reach you, do you live with anyone else that we could talk to?

15. Contact's first name
16. Contact's last name
17. Contact's relationship to you
18. Contact's phone number (if different from your own)
19. What is his/her email?
20. Does he/she use any other email addresses? If yes, please list:
    a. Alternate email 1:
    b. Alternate email 2:

Additional contacts

The goal of this study is to learn more about Parkinson's disease (PD) by staying in touch with people with and without PD over a long period of time. In case we lose contact with you in the future, please list the names and addresses of two people that live at a different address than you (like friends or relatives) who could probably tell us how we can get in touch with you.

Contact #1

21. First name
22. Last name
23. What is Contact #1's home address?

Street number	Street name	Apartment number
City	State / Province	
Zip code / Postal code Country	Country	

24. What is Contact #1's phone number?
25. What is Contact #1's relationship to you?
26. What is his/her email?
27. Does he/she use any other email addresses? If yes, please list:
    a. Alternate email 1:
    b. Alternate email 2:

Contact #2

28. First name
29. Last name
30. What is Contact #1's home address?

    Street number | Street name | Apartment number

    City | State / Province

    Zip code / Postal code | Country | Country
31. What is Contact #2's phone number?
32. What is Contact #2's relationship to you?
33. What is his/her email?
34. Does he/she use any other email addresses? If yes, please list:
    a. Alternate email 1:
    b. Alternate email 2:

This next section is about your current diagnosis.

35. To the best of your knowledge, what is your current diagnosis for your neurological disease?

    No neurological disease
    Parkinson's disease
    Progressive supranuclear palsy
    Multiple system atrophy
    Shy-Drager syndrome
    Striatonigral degeneration
    Olivopontocerebellar atrophy
    Cortical basal ganglionic degeneration
    Atypical Parkinson's disease or Parkinson's plus
    Vascular parkinsonism
    Alzheimer's disease
    Dementia with Lewy bodies or Lewy body disease
    Essential tremor, benign tremor, or senile tremor
    Motor neuron disease or amyotrophic lateral sclerosis (ALS)
    Another condition

    If you selected "another condition," please let us know what it is.

    If you have a second other condition, please let us know what it is.

36. What is your Social Security Number? (This information will not be shared with any other organization/institution. It will only be used if we have difficulty reaching you in future).

    _____

Thank you!