FOUND in PPMI Questionnaire: Follow up Survey

(This questionnaire is completed every six months after enrollment)

Dear Mr/Ms _____,

Thank you very much for participating in the FOUND in PPMI project. It is time for our bi-annual check-in with you. Please review and update the information on the enclosed form. We would be appreciative if you respond within a week.

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
   Someone else on behalf of person participating in PPMI

   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 Son Daughter
      Son-in-law Daughter-in-law 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
      Thinking problem
      Not used to using the computer (if completing this form electronically)
      Other
      If you chose "other," please explain why.

Contact Information

In our records, your home address is _____, and your phone number is _____, your email is_____.

3. Is the information correct? (If yes, go to question 8. If no, continue.)
4. What is your home address?
   Street number Street name Apartment number
   City State / Province
   Zip code / Postal code Country Country
5. What is your phone number?
6. What is your email?
7. 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?

In our records, you previously specified that we can contact _____ at _____.

8. Is this still correct? (if yes, go to question 15. If no, continue)
9. Contact's first name
10. Contact's last name
11. Contact's relationship to you
12. Contact's phone number (if different from your own)
13. What is his/her email?
14. 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

15. In our records, your additional contact #1 is_____, and the phone number is _____, email is_____. Is this still correct? (if yes, go to question 23. If no, continue)
16. First name
17. Last name
18. What is Contact #1's home address?
    Street number Street name Apartment number
    City State / Province
    Zip code / Postal code Country Country
19. What is Contact #1's phone number?
20. What is Contact #1's relationship to you?
21. What is his/her email?
22. Does he/she use any other email addresses? If yes, please list:
    a. Alternate email 1:
    b. Alternate email 2:

Contact #2

23. In our records, your additional contact #2 is_____, and the phone number is _____, email is_____. Is this still correct? (if yes, go to question 34. If no, continue)
24. First name
25. Last name
26. What is Contact #1's home address?
27. Street number Street name Apartment number
28. City State / Province
29. Zip code / Postal code Country Country
30. What is Contact #2's phone number?
31. What is Contact #2's relationship to you?
32. What is his/her email?
33. 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.

34. 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.

Thank you!