Patient-ID

Date of examination dd-mm-yyyy

# Minimal Data Set

## A Patient Data

A1. Patient randomly selected according to Sampling Procedure? ○ yes ○ no

A2. Patient recruited as out-patient ○ yes ○ no

A3. Date of birth mm-yyyy

A4. Gender ○ female ○ male

A5. Date of examination dd-mm-yyyy

A6. Diagnosis:

*Please enter patients diagnosed with iPD only.*

*The other options are given in case the diagnosis is revised at a later date.*

- iPD ○
- MSA ○
- CBD ○
- DLB ○
- PSP ○
- drug-induced parkinsonism ○
- others:

A7. Time of symptom onset: mm-yyyy

*If month not known, enter NK for month.*

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## B Clinical Data

*As assessed at time of current examination*

B1. Hoehn and Yahr (H&Y) stage ☐.☐

*For Patients on drug therapy use ON value*

B2. UPDRS II ☐☐

*Use historical information of the previous week, regarding overall performance (ON and OFF combined).*

B3. UPDRS III ☐☐☐

*For Patients on drug therapy use ON value*

*For items B4 through B19 in case of any doubt or lack of information, answer NO.*
*For definitions and diagnostic criteria click HELP.*

| | Yes | No |
|---|---|---|
| B4. Motorfluctuations | ○ | ○ |
| If YES specify: | | |
| B4.1 wearing-off | ○ | ○ |
| B4.2 ON-OFF fluctuations | ○ | ○ |
| B5. ON-period dyskinesias | ○ | ○ |
| If YES specify: | | |
| disabling | ○ | ○ |
| B6. OFF-period dystonia | ○ | ○ |
| If YES specify: | | |
| disabling | ○ | ○ |
| B7. Freezing of gait | ○ | ○ |
| B8. Falls | ○ | ○ |

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| | Yes | No |
|---|---|---|
| B9. Dementia | ○ | ○ |
| B10. Psychosis | ○ | ○ |
| B11. Depressive disorder | ○ | ○ |
| If YES specify: B11.1 past | ○ | ○ |
| B11.2 current | ○ | ○ |
| B12. Orthostatic hypotension | ○ | ○ |
| B13. Male erectile dysfunction | ○ | ○ |

*Rate YES in case of subjective complaint.*
*If patient is female answer NO.*

| | | |
|---|---|---|
| B14. Urinary incontinence | ○ | ○ |
| B15. Chronic constipation | ○ | ○ |
| B16. Sleep disorders | ○ | ○ |
| If YES specify: B16.1 insomnia | ○ | ○ |

*Rate YES in case of subjective complaint of poor sleep irrespective of cause.*

| | | |
|---|---|---|
| B16.2 daytime sleepiness | ○ | ○ |

*Rate YES in case of subjective complaint or caregiver observation of daytime sleepiness/sedation.*

| | Yes | No |
|---|---|---|
| B16.3 REM behaviour disorder | ○ | ○ |

*YES only in accordance with the ICSD criteria (at least **Minimal Criteria** B plus C).*

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B17. PD related pain ○ ○

*Rate YES with any score above zero on item 17 of UPDRS II.*

B18. Currently on anti-parkinsonian medication ○ ○

B19. Deep brain surgery ○ ○

B20. First degree relative with PD or tremor ○ ○

If YES specify:

parent ○ ○

sibling ○ ○

B21. DNA sample available ○ ○

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## C Drug History

*By means of this form the entire drug history of the patient shall be documented. Please enter previous and current drug exposure. Ensure that you mark the drug that was given as first treatment. For follow-up visits the form will open complete and you will enter changes only.*

*In case of missing information rate NO*

| | Yes | No |
|---|---|---|
| C1. Levodopa preparations | ○ | ○ |

If YES specify:

| | ever exposed | discontinued because of side effects | received as first drug treatment |
|---|---|---|---|
| C1.1 L-Dopa Standard | ☐ | ☐ | ☐ |
| C1.2 L-Dopa Slow Release | ☐ | ☐ | ☐ |
| C1.3 L-Dopa Soluble | ☐ | ☐ | ☐ |
| C1.4 L-Dopa-Ethylester | ☐ | ☐ | ☐ |
| C1.5 L-Dopa Dual Release | ☐ | ☐ | ☐ |
| C1.6 Others | ☐ | ☐ | ☐ |

→ if YES: specify *(use generic name)*

| | Yes | No |
|---|---|---|
| C2. Dopamine agonists | ○ | ○ |

If YES specify:

| | ever exposed | discontinued because of side effects | received as first drug treatment |
|---|---|---|---|
| C2.1 Alpha-Dihydroergocryptine | ☐ | ☐ | ☐ |
| C2.2 Apomorphine | ☐ | ☐ | ☐ |
| C2.3 Bromocriptine | ☐ | ☐ | ☐ |

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| | | | |
|---|---|---|---|
| C2.4 Cabergoline | ☐ | ☐ | ☐ |
| C2.5 Lisuride | ☐ | ☐ | ☐ |
| C2.6 Pergolide | ☐ | ☐ | ☐ |
| C2.7 Piribedil | ☐ | ☐ | ☐ |
| C2.8 Pramipexole | ☐ | ☐ | ☐ |
| C2.9 Ropinirole | ☐ | ☐ | ☐ |
| C2.10 Rotigotine | ☐ | ☐ | ☐ |
| C2.11 Sumanirole | ☐ | ☐ | ☐ |
| C2.12 Others | ☐ | ☐ | ☐ |

→ if YES: specify *(use generic name)*

C3. MAO-B Inhibitors

| | Yes | No |
|---|---|---|
| | ○ | ○ |

If YES specify:

| | ever exposed | discontinued because of side effects | received as first drug treatment |
|---|---|---|---|
| C3.1 Selegiline | ☐ | ☐ | ☐ |
| C3.2 Rasagiline | ☐ | ☐ | ☐ |
| C3.3 Others | ☐ | ☐ | ☐ |

→ if YES: specify *(use generic name)*

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C4. COMT Inhibitors — Yes ○ No ○

If YES specify:

| | ever exposed | discontinued because of side effects | received as first drug treatment |
|---|---|---|---|
| C4.1 Entacapone | ☐ | ☐ | ☐ |
| C4.2 Tolcapone | ☐ | ☐ | ☐ |
| C4.3 Others | ☐ | ☐ | ☐ |

→ if YES: specify *(use generic name)* _____

C5. Antiglutamat agents — Yes ○ No ○

If YES specify:

| | ever exposed | discontinued because of side effects | received as first drug treatment |
|---|---|---|---|
| C5.1 Amantadine | ☐ | ☐ | ☐ |
| C5.2 Budipine | ☐ | ☐ | ☐ |
| C5.3 Memantine | ☐ | ☐ | ☐ |
| C5.4 Others | ☐ | ☐ | ☐ |

→ if YES: specify *(use generic name)* _____

C6. Anitcholinergics — Yes ○ No ○

If YES specify:

| ever exposed | discontinued because of side effects | received as first drug treatment |
|---|---|---|
| ☐ | ☐ | ☐ |

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## D Current drug treatment

*Please determine which medication the patient is currently taking. The possible overlapping with the information given in part C "drug history" is intended and will ease data entry for follow-up visits.*

| | Yes | No |
|---|---|---|
| D1. Current treatment of **Parkinsonism**? | ○ | ○ |
| If YES specify: | | |
| D1.1 Levodopa preparations | ○ | ○ |
| If YES specify: | | |
| D1.1.1 L-Dopa Standard | ○ | ○ |
| D1.1.2 L-Dopa Slow Release | ○ | ○ |
| D1.1.3 L-Dopa Soluble | ○ | ○ |
| D1.1.4 L-Dopa Ethylester | ○ | ○ |
| D1.1.5 L-Dopa Dual Release | ○ | ○ |
| D1.1.6 Others | ○ | ○ |

If YES specify:

*Use generic name*

D1.1.7 Date of initiation of Levodopa therapy

mm-yyyy

*If month not known, enter NK for month.*

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| | Yes | No |
|---|---|---|
| D1.2 Dopamine agonists | ○ | ○ |
| If YES specify: | | |
| D1.2.1 Alpha-Dihydroergocryptine | ○ | ○ |
| D1.2.2 Apomorphine | ○ | ○ |
| D1.2.3 Bromocriptine | ○ | ○ |
| D1.2.4 Cabergoline | ○ | ○ |
| D1.2.5 Lisuride | ○ | ○ |
| D1.2.6 Pergolide | ○ | ○ |
| D1.2.7 Piribedil | ○ | ○ |
| D1.2.8 Pramipexole | ○ | ○ |
| D1.2.9 Ropinirole | ○ | ○ |
| D1.2.10 Rotigotine | ○ | ○ |
| D1.2.11 Sumanirole | ○ | ○ |
| D1.2.12 Others | ○ | ○ |
| If YES specify: | | |

*Use generic name*

| | Yes | No |
|---|---|---|
| D1.3 MAO-B-inhibitors | ○ | ○ |
| If YES specify: | | |
| D1.3.1 Selegiline | ○ | ○ |
| D1.3.2 Rasagiline | ○ | ○ |
| D1.3.3 Others | ○ | ○ |
| If YES specify: | | |

*Use generic name*

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| | Yes | No |
|---|---|---|
| D1.4 COMT-inhibitors | ○ | ○ |
| If YES specify: | | |
| D1.4.1 Entacapone | ○ | ○ |
| D1.4.2 Tolcapone | ○ | ○ |
| D1.4.3 Others | ○ | ○ |
| If YES specify: | | |

*Use generic name*

| | Yes | No |
|---|---|---|
| D1.5 Antiglutamate agents | ○ | ○ |
| If YES specify: | | |
| D1.5.1 Amantadine | ○ | ○ |
| D1.5.2 Budipine | ○ | ○ |
| D1.5.3 Memantine | ○ | ○ |
| D1.5.4 Others | ○ | ○ |
| If YES specify: | | |

*Use generic name*

| | Yes | No |
|---|---|---|
| D1.6 Anticholinergics | ○ | ○ |

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| | Yes | No |
|---|---|---|
| D2. Current treatment of **Depression** | ○ | ○ |
| If YES specify: | | |
| D2.1 Tricyclic- and tetracyclic antidepressants | ○ | ○ |
| D2.2 Monoamine oxidase inhibitors | ○ | ○ |
| D2.3 Selective serotonin reuptake inhibitor | ○ | ○ |
| D2.4 SNaRIs/NaSSAs/NaRIs * | ○ | ○ |
| D2.5 Others | ○ | ○ |

If YES specify:

*Use generic name*

| | Yes | No |
|---|---|---|
| D3. Current treatment of **Psychosis** | ○ | ○ |
| If YES specify: | | |
| D3.1 Clozapine | ○ | ○ |
| D3.2 Olanzapine | ○ | ○ |
| D3.3 Quetiapine | ○ | ○ |
| D3.4 Risperidone | ○ | ○ |
| D3.5 Others | ○ | ○ |

If YES specify:

*Use generic name*

* *Serotonin noradrenergic reuptake inhibitors (SnaRIs), Noradrenergic and specific serotonergic antidepressants (NaSSAs), Selective noradrenaline reuptake inhibitors (NaRIs)*

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| | Yes | No |
|---|---|---|
| D4. Current treatment of **Dementia** | ○ | ○ |
| If YES specify: | | |
| D4.1 Donepezil | ○ | ○ |
| D4.2 Galantamine | ○ | ○ |
| D4.3 Memantine | ○ | ○ |
| D4.4 Rivastigmine | ○ | ○ |
| D4.5 Tacrine | ○ | ○ |
| D4.6 Others | ○ | ○ |

If YES specify:

*Use generic name*

| | Yes | No |
|---|---|---|
| D5. Current treatment of **Erectile dysfunction** | ○ | ○ |
| If YES specify: | ○ | ○ |
| D5.1 Apomorphine | ○ | ○ |
| D5.2 Sildenafil | ○ | ○ |
| D5.3 Others | ○ | ○ |

If YES specify:

*Use generic name*

| | Yes | No |
|---|---|---|
| D6. Current treatment of **Urinary dysfunction** | ○ | ○ |
| If YES specify: | | |
| D6.1 Oxybutinin | ○ | ○ |
| D6.2 Tamsulosin | ○ | ○ |
| D6.3 Tolterodine | ○ | ○ |

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| | Yes | No |
|---|---|---|
| D6.4 Others | ○ | ○ |

If YES specify:

*Use generic name*

| | Yes | No |
|---|---|---|
| D7. Current treatment of **Orthostatic dysfunction** | ○ | ○ |
| D7.1 Dihydroergotamine | ○ | ○ |
| D7.2 Etilefrine | ○ | ○ |
| D7.3 Fludrocortisone | ○ | ○ |
| D7.4 Midodrine | ○ | ○ |
| D7.5 Others | ○ | ○ |

If YES specify:

*Use generic name*

| | Yes | No |
|---|---|---|
| D8. Current treatment of **Sleep disorders** | ○ | ○ |
| D8.1 Benzodiazepine | ○ | ○ |
| D8.2 Modafinil | ○ | ○ |
| D8.3 Zolpidem/Zolpicone | ○ | ○ |
| D8.4 Others | ○ | ○ |

If YES specify:

*Use generic name*

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## E Clinical trial history

| | Yes | No |
|---|---|---|
| E1. Interest in participating in clinical trials | ○ | ○ |
| E2. Currently participating in trial | ○ | ○ |

If YES specify:

Intervention (study drug or procedure in case of surgical trial)

| | Yes | No |
|---|---|---|
| E3. Participation in past trials | ○ | ○ |

If YES specify:

E3.1.1 Intervention (study drug or procedure in case of surgical trial)

E3.2.1 Termination date mm-yyyy

*If month not known, enter NK for month*

E3.1.2 Intervention (study drug or procedure in case of surgical trial)

E3.2.2 Termination date mm-yyyy

*If month not known, enter NK for month*

Form completed dd.mm.yyyy

Signature Signature of investigator