AFFIX ID STICKER HERE FOR OFFICE USE ONLY



SCREENING AND BACKGROUND QUESTIONNAIRE

Thank you for your interest in our research. Please return this form in the included stamped envelope. If you qualify, you will receive a study packet in the mail within the next several weeks. Please contact us at (877) 401-4300 or at PARSinfo@indd.org if you have any questions regarding the questionnaire or any other aspect of the research.

Name:	First	М	
Age: Date of Birth:	Month Day Year	Gender: (please circ	ele): M F
Street Address:			
City/Town:	Sta	ite: Zip (Code:
Best telephone number to reach you Alternate number:	ou:		
Email Address*:			
Ethnicity: please choose only one ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Race: please choose only American Indian or Ala Asian Black or African Amer Hispanic or Latino Native Hawaiian or Oth White or Caucasion	ska Native ican	
Who in your family has Parkinson di □ mother □ father □ daughter(s) □ I have no known first degree relati	□ brother(s)	• • • • • • • • • • • • • • • • • • • •	
Who in your family has Alzheimer's toms: □ mother □ □ father □	4		
☐ daughter(s) ☐ I have no known first degree relati	ves with Alzheimer's disease.		

Please turn this page over and complete remaining questions on back side.



SCREENING AND BACKGROUND QUESTIONNAIRE (page 2)

For the following questions, please circle the most correct response:					
1. Do you currently have a diagnosis of Parkinson disease?		No	Unsure		
2. Do you currently have a diagnosis of Alzheimer's disease?		No	Unsure		
3. Do you have any neurological conditions? (Examples: Loss of memory, shaking, difficulty walking) If yes, please specify		No	Unsure		
4. Do you smoke tobacco?		No	Unsure		
5. Did you smoke in the past? If yes, provide stop date		No	Unsure		
6. Do you have any sinus conditions (sinusitis, sinus infection, prior sinus surgery)? If yes, please specify		No	Unsure		
7. Have you ever had trauma to your nose or sinuses? If yes, please specify		No	Unsure		
8. Do you think you have a decreased sense of smell? If yes, do you know the specific cause? If yes, please specify the cause:		No	Unsure		
Would you like to be on our mailing list? Yes No					

^{*} An email address is preferred, but not required for participation. Email addresses will be kept confidential and not shared with 3rd parties and will only be used for correspondence regarding the PARS Study.