

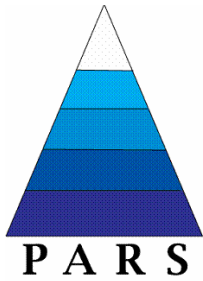
**AFFIX ID STICKER HERE
FOR OFFICE USE ONLY**

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: _____		
Last	First	M
Age: _____	Date of Birth: _____ / _____ / _____ <small>Month Day Year</small>	Gender: (please circle): M F
Street Address: _____		
City/Town: _____ State: _____ Zip Code: _____		
Best telephone number to reach you: _____		
Alternate number: _____		
Email Address*: _____		
<p>Ethnicity: please choose only one</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race: please choose only one:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White or Caucasian</p>	
<p>Who in your family has Parkinson disease (please check all that apply) and at what age did they develop symptoms:</p> <p><input type="checkbox"/> mother _____ <input type="checkbox"/> father _____ <input type="checkbox"/> brother(s) _____ <input type="checkbox"/> sister(s) _____ <input type="checkbox"/> son(s) _____</p> <p><input type="checkbox"/> daughter(s) _____</p> <p><input type="checkbox"/> I have no known first degree relatives with Parkinson disease.</p>		
<p>Who in your family has Alzheimer's disease (please check all that apply) and at what age did they develop symptoms:</p> <p><input type="checkbox"/> mother _____ <input type="checkbox"/> father _____ <input type="checkbox"/> brother(s) _____ <input type="checkbox"/> sister(s) _____ <input type="checkbox"/> son(s) _____</p> <p><input type="checkbox"/> daughter(s) _____</p> <p><input type="checkbox"/> I have no known first degree relatives with Alzheimer's disease.</p>		

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?	Yes	No	Unsure
2. Do you currently have a diagnosis of Alzheimer's disease?	Yes	No	Unsure
3. Do you have any neurological conditions? (Examples: Loss of memory, shaking, difficulty walking) If yes, please specify _____	Yes	No	Unsure
4. Do you smoke tobacco?	Yes	No	Unsure
5. Did you smoke in the past? If yes, provide stop date _____	Yes	No	Unsure
6. Do you have any sinus conditions (sinusitis, sinus infection, prior sinus surgery)? If yes, please specify _____	Yes	No	Unsure
7. Have you ever had trauma to your nose or sinuses? If yes, please specify _____	Yes	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: _____	Yes	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.