

# PD COMM - Entry Form



## Identifying Details

<b>PD COMM Trial Participant Number</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Participant's Initials: ___ ___ ___
	Date of birth: MMM / YYYY

## Other information:

### 1. Living arrangements

Does the participant live:

- Alone
- Together with significant others
- Part-time with significant others and part-time in special care
- In special care, e.g. nursing home
- Other, please specify \_\_\_\_\_

### 2. Education

What age did the participant leave school? .....

What was his/her highest qualification?

- No qualification
- School level
- A level
- Degree
- Advanced degree
- Other, please specify .....

## Medical Details

Date of PD Diagnosis: Month: ..... Year: .....	Current Hoehn & Yahr stage: .....
Current weight: ____ Kg / ____St____lb (choose as appropriate)	
Current height: ____ Metres / ____Ft____In (choose as appropriate)	
Does participant currently smoke? No <input type="checkbox"/> Yes <input type="checkbox"/>	

Please Turn Over

**Current Medication:**

Levodopa? No  Yes

**If yes**, which?..... Daily dose LD only (mg)? .....

**If yes**, which?..... Daily dose LD only (mg)? .....

e.g. 1 Sinemet 125 tablet = 100mg daily dose (levodopa)

Levodopa/Entacapone combination (ie Stalevo, Sastravi, Stanek, etc)? No  Yes

**If yes**, LD daily dose (mg) ..... & Entacapone daily dose (mg) .....

Dopamine Agonist? No  Yes

**If yes**, which?..... Daily dose (mg)?.....

MAOB inhibitor? No  Yes

**If yes**, which?..... Daily dose (mg)?.....

COMT inhibitor? No  Yes

**If yes**, which?..... Daily dose (mg)?.....

Other PD Medication? No  Yes

**If yes**, what medication? ..... Daily dose (mg)? .....

Form completed by (print name): .....

Signed: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mmm/yyyy)

**Confidential upon completion**

Once complete, store original in Site File and send a copy to BCTU