

Examination Date

Month Day Year

Examiner Initials:

Clinical Diagnosis

1. Clinical Diagnosis According to Quinn Criteria

- Possible
- Probable
- Definite

2. Clinical Diagnosis According to Gilman Criteria

- Possible
- Probable
- Definite

Clinical Features

Autonomic Dysfunction

4a. Onset of Autonomic Symptoms (Month)

Enter UNK for Unknown or NA for Not Applicable.
If NA, skip to item 5.

Month

4b. Onset of Autonomic Symptoms (Year)

Year

5a. Blood Pressure Lying (Systolic)

mmHg

5b. Blood Pressure Lying (Diastolic)

mmHg

6a. Blood Pressure after 2 minutes Standing (Systolic)

mmHg

6b. Blood Pressure after 2 minutes Standing (Diastolic)

mmHg

Symptoms (check either 'Yes' as present or 'No' as absent)

7. Postural Syncope

- No
- Yes

8. Urinary Incontinence

- No
- Yes

9. Fecal Incontinence

- No
- Yes

10. Incomplete Bladder Emptying

- No
- Yes

11. Male Erectile Dysfunction

- No
- Yes
- Not applicable (i.e. female participant)

Parkinsonianism

12a. Onset of Parkinsonism (Month)

Enter UNK for Unknown or NA for Not Applicable.
If NA, skip to item 20.

Month

12b. Onset of Parkinsonism (Year)

Year

Signs and Symptoms (check either 'Yes' as present or 'No' as absent)

13. Bradykinesia

- No
- Yes

14. Rigidity

- No
- Yes

15. Postural Instability

- No
- Yes

16. Resting Tremor

- No
- Yes

17. Postural Tremor

- No
- Yes

18. Unilateral Onset

- No
- Yes

19. Persistent Asymmetry

- No
- Yes

L-Dopa Response

20. Beneficial L-Dopa response:

- No
- Yes
- Initial, but not continuing response
- Not Received

If Yes or Initial beneficial L-Dopa response:

21. Years of Benefit

Years

23a. Onset of Motor Complications (Month)

Enter UNK for Unknown or NA for Not Applicable.

If NA, skip to item 29.

Month

If No or Initial beneficial L-Dopa response:

22. Maximum L-Dopa Dose

mg/day

23b. Onset of Motor Complications (Year)

Year

L-Dopa Symptoms

24. Wearing Off

- No
- Yes

25. On/Off

- No
- Yes

26. Peak Dose Dyskinesias

- No
- Yes

27. Biphasic Dyskinesias

- No
- Yes

28. Off-Dystonia

- No
- Yes

Cerebellar Dysfunction

29a. Onset of Ataxia (Month)

Enter UNK for Unknown or NA for Not Applicable.

If NA, skip to item 34.

Month

29b. Onset of Ataxia (Year)

Year

Signs and Symptoms (check either 'Yes' as present or 'No' as absent)

30. Gait Ataxia

- No
- Yes

31. Ataxic Dysarthria

- No
- Yes

32. Limb Ataxia

- No
- Yes

33. Sustained Gaze-Evoked Nystagmus

- No
- Yes

Corticospinal Dysfunction

Signs and Symptoms (check either 'Yes' as present or 'No' as absent)

34. Extensor Plantar Responses

- No
- Yes

35. Hyperflexia

- No
- Yes

If Yes, date of Onset (Month)

Enter UNK for Unknown.

Month

Date of Onset (Year)

Year

Overlap Dysfunction

Signs and Symptoms (check either 'Yes' as present or 'No' as absent)

36. Dysphagia

- No
- Yes

37. Dysarthria

- No
- Yes

If Yes, date of Onset (Month)

Enter UNK for Unknown.

Month

Date of Onset (Year)

Year

38. Unsteadiness with Falls

- No
- Yes

If Yes, date of Onset (Month)

Enter UNK for Unknown.

Month

Date of Onset (Year)

Year

Cognitive and Psychiatric Features

Features (check either 'Yes' as present or 'No' as absent)

39. Memory Impairment

- No
- Yes

40. Apraxia

- No
- Yes

41. Frontal Lobe Release Signs

- No
- Yes

42. Utilization/Imitation Behavior

- No
- Yes

43. Paranoia

- No
- Yes

44. Confusion

- No
- Yes

45. Vivid Dreams

- No
- Yes

46. Hallucinations, drug-induced

- No
- Yes

47 Sleep Disorder

- No
- Yes

Exclusion Criteria

Criteria (check either 'Yes' as present or 'No' as absent)

48. Family History of a Similar Disorder

- No
- Yes

49. Secondary Cause by History

- No
- Yes

If Yes, Specify:

50. Secondary Cause by Investigation

- No
- Yes

If Yes, Specify:

51. Hallucinations, unrelated to Drugs

- No
- Yes

52. Dementia according to DSM IV

- No
- Yes

53. Slow Vertical Saccades

- No
- Yes

54. Vertical Gaze Palsy

- No
- Yes

55. Aphasia

- No
- Yes

56. Alien Limb Syndrome

- No
- Yes

Certain of MSA Diagnosis?

- No
- Yes

Sphincter EMG

58. Abnormal Anal Sphincter EMG

- Not performed
- Performed – Not abnormal
- Performed – Abnormal, please specify

If Abnormal, please specify:

59. Abnormal Urethral Sphincter EMG

- Not performed
- Performed – Not abnormal
- Performed – Abnormal, please specify

If Abnormal, please specify:

Imaging (check either “Yes” if the image was performed or “No” if it was not performed)

60. CCT

- No
- Yes

If Yes, Specify Results:

61. MRI

- No
- Yes

If Yes, Specify Results:

62. IBZM SPECT

- No
- Yes

If Yes, Specify Results:

63. Beta-CIT SPECT

- No
- Yes

If Yes, Specify Results:

64. FP-CIT SPECT

- No
- Yes

If Yes, Specify Results:

65. 18-F DOPA PET

- No
- Yes

If Yes, Specify Results:

66. FDG-PET

- No
- Yes

If Yes, Specify Results:

(check either 'Yes' or 'No')

67. Comorbidity

No

Yes

If Yes, Specify Results:

68. Antiparkinsonian Therapy

No

Yes

If Yes, Specify Results:

69. Concomitant Therapy

No

Yes

If Yes, Specify Results:
