FOX INSIGHT DATA DICTIONARY
(Core Schedule of Activities)
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FOX INSIGHT
Longitudinal Patient Reported Outcomes and Genetic Data

Fox Insight is an online, longitudinal health study of people with and without Parkinson's disease. Fox Insight data is a rich data set facilitating discovery, validation, and reproducibility in Parkinson's disease research. The dataset is generated through routine longitudinal assessments (health and medical questionnaires evaluated at regular cycles); one-time health and disease questionnaires about symptoms, daily activities, and other factors; and, in a subgroup of people with Parkinson's disease, genetic data collection. Qualified researchers can explore, analyze, and download patient-reported outcomes (PROs) data and Parkinson’s disease-related genetic variants at https://foxden.michaeljfox.org. The full Fox Insight genetic data set, including approximately 650,000 single nucleotide polymorphisms (SNPs) per participant, can be requested separately with institutional review and is described outside of this data dictionary.

For more details on the background and the methods used in the development of the Fox Insight Study, please see the following article:  https://www.nature.com/articles/s41597-020-0401-2

USING FOX INSIGHT DATA
Structure and Unique Identifier

The Fox Insight data tables are shared in long format: one row/observation contains information for one questionnaire instance for one participant. That means that each participant may have multiple rows in a table, if they took a Questionnaire multiple times on different dates. Each table contains all the responses for a given questionnaire.

Each table contains a Unique Identifier for participants, a Temporal Variable indicating the time of each Questionnaire event, and a set of Variables. We provide the definitions below.

<table>
<thead>
<tr>
<th>Field</th>
<th>Name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Identifier</td>
<td>fox_insight_id</td>
<td>String which contains the prefix ‘FOX’ and a unique number assigned to participants. Ex: ‘FOX_000146’.</td>
</tr>
<tr>
<td>Temporal Variable</td>
<td>days_elapsed</td>
<td>For a given observation, the number of days that have elapsed since &quot;Day 0&quot; — a randomized reference date unique to each Fox Insight participant that is defined in relation to the participant's birthdate. This column can be used to determine the number of days between Questionnaire events.</td>
</tr>
<tr>
<td>Variables</td>
<td>Ex: AcuteHeart, MtrScrnRiseChair</td>
<td>Individual variable definitions are provided in this Data Dictionary by table. Most Variables are direct and raw responses from participants in</td>
</tr>
</tbody>
</table>
Determining PD Diagnosis Status and Disease Duration

The Fox Insight study includes data for both individuals who have been diagnosed with PD (PD cohort) and individuals who have not been diagnosed with PD (non-PD cohort). Since Fox Insight is a longitudinal observational study, an individual’s status may change over the duration of their participation. What follows is a description of the available variables in Fox Insight which can be used in determining PD diagnosis status at a given point in time.

<table>
<thead>
<tr>
<th>Field</th>
<th>Table and Variable Name (Table: Variable Name)</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial PD Diagnosis</td>
<td>Users: InitPDDiag</td>
<td>A variable indicating whether or not an individual had been diagnosed with PD by a physician or other health care professional at the time of registration for the Fox Insight study, i.e., a participant’s baseline diagnosis status.</td>
</tr>
<tr>
<td>Years with a diagnosis of PD when enrolled in Fox Insight</td>
<td>Users: YearsWithPD</td>
<td>For individuals reporting a baseline diagnosis of PD, the number of years since their initial diagnosis, at the time of registration for the Fox Insight study.</td>
</tr>
<tr>
<td>Current PD Diagnosis</td>
<td>General: CurrPDDiag</td>
<td>A variable indicating an individual’s most recently reported PD diagnosis status, derived from their responses at baseline and upon quarterly return visits, i.e., a participant’s current diagnosis status.</td>
</tr>
<tr>
<td>Change in PD Diagnosis</td>
<td>[PD Cohort]: Return Questionnaire: PDChangePD [PD Cohort]</td>
<td>[PD Cohort]: For individuals who have previously reported a diagnosis of PD, a variable indicating whether there has been a change in their PD status since their last Fox Insight visit.</td>
</tr>
<tr>
<td></td>
<td>[Non-PD Cohort]: Return Questionnaire (Control): NewPDDiagCTR [Non-PD Cohort]</td>
<td>[Non-PD Cohort]: For individuals who had not previously reported a diagnosis of PD, a variable indicating whether there has been a change in their PD status since their last Fox Insight visit.</td>
</tr>
</tbody>
</table>

Please note, an individual’s current **CurrPDDiag** represents their most recently reported diagnosis status, which can change over time. To determine a participant’s PD diagnosis status at a specific point in time,
researchers should use a combination of the participant’s initial PD diagnosis, adjusted for any reported changes in diagnosis, through the days_elapsed for the point in time of interest. Please note, a participant’s reported diagnosis can change at each subsequent study visit, so, for example, it is possible for them to switch from the PD cohort to Non-PD cohort, and then back to PD cohort over the course of three visits.

Fox Insight Core Questionnaires versus One-Time Questionnaires

Surveys presented to Fox Insight participants are broken down into two categories: (1) longitudinal Fox Insight Core Questionnaires, as described in the Fox Insight Schedule of Activities, and (2) cross-sectional one-time health and disease questionnaires about symptoms, daily activities, and other factors. Both core and one-time surveys can be presented to any of the following cohorts: PD, non-PD, or both.

The detailed Core Questionnaire Schedule of Activities (versions 1 and 2) can be found in FoxDEN. All Core questionnaires are asked on a recurring basis at the frequency described in the Schedule of Activities for as long as an individual continues their voluntary participation. Since participants’ length of participation in the Fox Insight study varies, the number of observations available for any repeated measures analysis will vary accordingly based on researchers’ variable(s) of interest. Since participants have a window of time to complete surveys within each visit described in the Schedule of Activities, researchers should pay close attention to the days_elapsed variable, to determine the actual length of time between responses to recurring surveys, as the exact interval between visits may vary by participant.

One-time surveys are instruments developed by internal or external researchers seeking to generate data to answer research questions that could otherwise not be fully explored with the existing questionnaires. These IRB-approved instruments undergo an internal scientific review process. They are often developed in conjunction with external researchers. Completed instruments are made available to participants for a limited period of time, typically spanning 3-6 months. An individual will only have one response to these questionnaires and participation in these ancillary questionnaires is independent of participation in the core longitudinal study questionnaires. Some one-time questionnaires may have additional inclusion/exclusion screening criteria, e.g., only persons with PD will be invited to respond. For these reasons, any individual one-time questionnaire will have been completed by only a subset of the total Fox Insight participant pool. Therefore, the number of observations available for cross-sectional analyses using one-time survey data will be much smaller than the 50,000+ total Fox Insight participants.

Demographics: About You and Users Table

If you require demographics and other user-level information for each participant, two tables are available in FoxDEN and in the shared Monthly Data Cuts, which you may find particularly helpful:

1. About You Table
2. Users Table [Registration]

These tables contain user-level variables which are often persistent over the length of participants’ study duration, such as whether the participant has been diagnosed with PD, their sex assigned at birth, or their race/ethnicity. For a detailed description of the variables available in each table, please see the respective data dictionary sections. Combining the About Table or the Users Table with any other questionnaire will allow you to define cohorts based on demographics and other participant data available in those tables.
Combining Multiple Fox Insight Tables

The Unique Identifier (fox_insight_id) and Temporal Variable (days_elapsed) are the key variables that will enable you to combine and transform Fox Insight data to meet your research needs. If you are interested in conducting cross-sectional analyses (i.e., one record per participant), you can use the fox_insight_id to identify and combine all of the questionnaire responses for a single participant. Bear in mind, an individual may have multiple instances of any single questionnaire, so you may wish to consider whether you need data which was collected in a single “visit” window, or alternatively whether you wish to specify a specific time of responses (e.g., the most recent submission for each data point). Either approach can be accomplished by using the days_elapsed.

If you are conducting longitudinal analyses, you can use the days_elapsed variable to order repeated measures. A larger value of days_elapsed for an observation indicates a more recent questionnaire response. Since Fox Insight is a voluntary study, while participants were sent survey reminders at regular intervals, skipped visits are often encountered. The detailed Schedule of Activities (versions 1 and 2) can be found in FoxDEN. The Schedule of Activities can be used as a guide for defining a skipped visit for the purpose of your specific analysis, or you may wish to develop your own definition using days_elapsed.

Example of Fox Insight Data Transformation

The exact code/procedures used to transform Fox Insight data will depend on the software or language being used to analyze the data (e.g., SAS, Excel, R, Python). Below we give a general example for how to combine data from the Brief Motor Screen table with the About You table for a longitudinal analysis that requires demographic covariate information.

The following table shows the basic data structure for the Brief Motor Screen table, which contains the unique identifier fox_insight_id, the temporal variable days_elapsed, and variable of interest MtrScrRiseChair (Do you have trouble rising from a chair?).

<table>
<thead>
<tr>
<th>fox_insight_id</th>
<th>days_elapsed</th>
<th>MtrScrRiseChair</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOX_001</td>
<td>22500</td>
<td>1</td>
</tr>
<tr>
<td>FOX_001</td>
<td>23000</td>
<td>0</td>
</tr>
<tr>
<td>FOX_005</td>
<td>24000</td>
<td>1</td>
</tr>
<tr>
<td>FOX_005</td>
<td>24500</td>
<td>1</td>
</tr>
</tbody>
</table>

The table below displays the data structure for the About You table, restricted to the variables “Education,” “Sex,” and “Age.” In this case, we wish to use only the most recent demographic data reported by a participant. Therefore, before combining the demographic data with our variable of interest, we would first filter the About You table to keep only the most recent questionnaire instance. In the example below, that would result in keeping only the records corresponding to days_elapsed = 23000 for participant ‘FOX_001,’ and days_elapsed = 24500 for participant ‘FOX_005’ (i.e., the maximum value of days_elapsed for each fox_insight_id).
Once a cross-section of the demographic values has been obtained, the table may be combined with the Brief Motor Screen in order to expand it with the required demographics by using the fox_insight_id. The table below shows what the result of this would look like.

Now, each row of the Brief Motor Screen data also includes the selected demographic covariates for the participant. Note that the merging procedure leaves us with two temporal variables: days_elapsed (corresponding to the Brief Motor Screen); and, days_elapsed_B (corresponding to the About You table). That is because the participant may have provided their most recent demographic data on a different date than their response for our variable of interest. This is common in Fox Insight, since different surveys have different response cadences. Keeping these two columns will allow you to keep track of the time at which each response was obtained in each questionnaire, if that is important to your analysis.

If you only require a cross-section of the data, then it will suffice to keep the most recent record for the variable of interest in the combined table for each participant, as the figure below shows.
## Brief Motor Questionnaire (With Demographics)

<table>
<thead>
<tr>
<th>fox_insight_id</th>
<th>days_elapsed</th>
<th>MtrScrRiseChair</th>
<th>Education</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOX_001</td>
<td>23000</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>63</td>
</tr>
<tr>
<td>FOX_005</td>
<td>24500</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>67</td>
</tr>
</tbody>
</table>
**ABOUT**

**Table Description:** About You

**View Source Instrument:** [link]

**Details:** This instrument is referred to as “About You (Profile)” in the Fox Insight Schedule of Activities, and as “About You” in FoxDEN. It is completed by all study participants at Registration, and presented in ‘summary mode’ on an annual basis thereafter. ‘Summary mode’ enables participants to make changes/update their prior response, but does not require them to do so unless they have indicated a change.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Type</th>
<th>Question Text</th>
<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
<th>Value</th>
<th>Value Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Numeric</td>
<td>What is the highest education level you have completed?</td>
<td></td>
<td></td>
<td>1</td>
<td>Less than a high school degree</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>High school degree (GED or equivalent)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Some college (1-4 years, no degree)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>Associate's degree (including occupational or academic degrees, AS, AAS, AA, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>Bachelor's degree (BA, BS, AB, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>Master's degree (MA, MS, MENG, MSW, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Professional school degree (MD, DDC, JD, etc)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td>Doctorate degree (PhD, EdD, etc)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Employment</td>
<td>Numeric</td>
<td>What is your employment status?</td>
<td></td>
<td></td>
<td>1</td>
<td>Employed, full-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>Employed, part-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Retired</td>
</tr>
<tr>
<td>Variable</td>
<td>Data Type</td>
<td>Question Text</td>
<td>Sub-Choice-1</td>
<td>Sub-Choice-2</td>
<td>Value</td>
<td>Value Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>-------</td>
<td>-------------------</td>
</tr>
<tr>
<td>EthnCuban</td>
<td>Numeric</td>
<td>Yes, Cuban</td>
<td></td>
<td></td>
<td>4</td>
<td>Unemployed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>EthnLatino</td>
<td>Numeric</td>
<td>Yes, Another Hispanic, Latino/a or Spanish Origin</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>EthnMexican</td>
<td>Numeric</td>
<td>Yes, Mexican, Mexican American, Chicano/a</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>EthnNotHispanic</td>
<td>Numeric</td>
<td>No, not of Hispanic, Latino/a, or Spanish Origin</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>EthnPNA</td>
<td>Numeric</td>
<td>Prefer not to answer</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>EthnPuerto</td>
<td>Numeric</td>
<td>Yes, Puerto Rican</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>HeightPNA</td>
<td>Numeric</td>
<td>Prefer not to answer</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>Income</td>
<td>Numeric</td>
<td>What is your yearly household income?</td>
<td></td>
<td></td>
<td>1</td>
<td>Less than $20,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>$20,000 to $34,999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>$35,000 to $49,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>$50,000 to $74,999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>$75,000 to $99,999</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>More than $100,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>RaceA</td>
<td>Numeric</td>
<td>Asian</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>RaceAA</td>
<td>Numeric</td>
<td>Black or African American</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>RaceAI</td>
<td>Numeric</td>
<td>American Indian or Alaska Native</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>RaceNH</td>
<td>Numeric</td>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>RacePNA</td>
<td>Numeric</td>
<td>Prefer not to answer</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Checked</td>
</tr>
<tr>
<td>RaceW</td>
<td>Numeric</td>
<td>White or Caucasian</td>
<td></td>
<td></td>
<td>0</td>
<td>Not Checked</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>1</td>
<td>Checked</td>
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<tr>
<td>Variable</td>
<td>Data Type</td>
<td>Question Text</td>
<td>Sub-Choice-1</td>
<td>Sub-Choice-2</td>
<td>Value</td>
<td>Value Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------</td>
<td>----------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>-------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Research</td>
<td>Numeric</td>
<td>Have you ever participated in clinical research before Fox Insight?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>Prefer Not To Answer</td>
</tr>
<tr>
<td>Sex</td>
<td>Numeric</td>
<td>What is your biological sex?</td>
<td></td>
<td></td>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>Female</td>
</tr>
<tr>
<td>Veteran</td>
<td>Numeric</td>
<td>Are you a veteran of the military?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>WeightPNA</td>
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**BRIEF MOTOR SCREEN (MtrScrn)**

**Table Description:** Brief Motor Screen

**View Source Instrument:** [link]

**Details:** Participants complete this survey at Baseline and then every three months thereafter. The instrument is referred to as “Brief Motor Screen” in the Fox Insight Schedule of Activities and in Fox Den. It is completed by both PD and non-PD participants.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Type</th>
<th>Question Text</th>
<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
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<tbody>
<tr>
<td>MtrScrnBalancePoor</td>
<td>Numeric</td>
<td>Is your balance poor?</td>
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<td></td>
<td>0</td>
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<td>MtrScrnFeetStuck</td>
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<td>Do your feet ever seem to get stuck to the floor?</td>
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<td>MtrScrnLegShake</td>
<td>Numeric</td>
<td>Do your arms or legs shake?</td>
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<td>MtrScrnLessExpres</td>
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<td>Do people tell you that your face seems less expressive than it once did?</td>
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<td>MtrScrnMoveSlowAge</td>
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<td>Do you move more slowly than other people your age?</td>
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<td>MtrScrnRiseChair</td>
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<td>Do you have</td>
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<td>Do you shuffle your feet and/or take tiny steps when you walk?</td>
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<td>Do you have trouble buttoning buttons?</td>
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<td>Uncertain</td>
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<td>MtrScrnVoiceSoft</td>
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<td>Do people tell you that your voice is softer than it once was?</td>
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<td></td>
<td>2</td>
<td>Uncertain</td>
<td></td>
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<tr>
<td>MtrScrnWriteSmall</td>
<td>Numeric</td>
<td>Is your handwriting smaller than it once was?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
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</table>
**CLINICAL GLOBAL IMPRESSION OF CHANGE NON-PD (CGINONPD)**

**Table Description:** Clinical Global Impression of Change (CGIC) (Control)

**View Source Instrument:** [link](#)

**Details:** Participants who do not endorse a diagnosis of PD complete this survey at every Study Visit starting at Study Visit #2. This is an adaptation of the Clinical Global Impression Improvement (CGI-I) instrument developed by NIMH, for further reading, please visit: [link](#).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Questionnaire</th>
<th>Data Type</th>
<th>Question Text</th>
<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGINONPD</td>
<td>Clinical Global Impression of Change (Control)</td>
<td>Numeric</td>
<td>With respect to your overall health, how would you describe yourself now compared to your last study visit?</td>
<td></td>
<td></td>
<td>0</td>
<td>Very much worse</td>
<td>Fox Insight Data Dictionary (Core SOA) Version 1.1 (11/2021)</td>
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<td>Much worse</td>
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<td>None</td>
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<td>Minimally worse</td>
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<td></td>
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<td>4</td>
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<td></td>
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<td>5</td>
<td>None</td>
<td>5</td>
<td>Much improved</td>
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<td></td>
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<td>6</td>
<td>None</td>
<td>6</td>
<td>Very much improved</td>
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</table>
**CLINICAL GLOBAL IMPRESSION OF CHANGE PD (CGIPD)**

**Table Description:** Clinical Global Impression of Change (CGIC) (PD)

**View Source Instrument:** [link]

**Details:** Participants who endorse a diagnosis of PD complete this survey at every Study Visit starting at Study Visit #2. This is an adaptation of the Clinical Global Impression Improvement (CGI-I) instrument developed by NIMH, for further reading, please visit: [link].

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Type</th>
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<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGIPD</td>
<td>Numeric</td>
<td>With respect to your Parkinson's disease condition, how would you describe yourself now compared with your last study visit?</td>
<td></td>
<td></td>
<td>0</td>
<td>Very much worse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Numeric</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Much worse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Numeric</td>
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<td></td>
<td>2</td>
<td>Minimally worse</td>
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<td>3</td>
<td>No change</td>
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<td>Numeric</td>
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<td>4</td>
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<td>6</td>
<td>Very much improved</td>
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</table>
**GENERAL**

**Table Description:** General

**View Source Instrument:** [link]

**Details:** This variable is derived based on a participant’s response to the “Return Questionnaire,” which is referred to as “Return Visit Questionnaire (PD)” for participants with PD, and “Return Visit Questionnaire (Non-PD)” for participants without PD in the Schedule of Activities. Participants populate data for the variable “InitPDdiag” when completing the Registration Questionnaire at the beginning of their participation in the study, and then report on their current PD diagnosis when completing the Return Questionnaire at each study visit, resulting in the “CurrPDDiag” variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Type</th>
<th>Question Text</th>
<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>CurrPDDiag</td>
<td>Numeric</td>
<td>Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional (most recent PD diagnosis)? [Derived]</td>
<td></td>
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<td>0</td>
<td>No</td>
<td>A derived variable indicating an individual’s most recent reported PD diagnosis status.</td>
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</table>
### GENETIC

**Table Description:** FIGS Priority SNPs

**View Source Instrument:** Genetic Platform Annotations [link](#)

**Details:** The following 17 SNPs are collected in conjunction with the Fox Insight Genetic Sub-Study (FIGS), in partnership with 23andMe. Approximately 10,000 participants (18 years or older, based in the United States, with a self-reported diagnosis of PD at time of sub-study enrollment) contributed to this sub-study from 2017-2021. This genetic data is available to researchers with Tier 1 access to Fox Insight, with additional genetic data (for approximately 650,000 SNPs) available to researchers with Tier 2 access. To register for Tier 1 access [click here](#), to register for Tier 2 access [click here](#). Tier 2 data is provided in .BGEN format, and can be transformed using QCTOOL: [link](#).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Data Type</th>
<th>Question Text</th>
<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
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<td>APOE e2/e2 genotype</td>
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<td>2-3</td>
<td>APOE e2/e3 genotype</td>
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<td>APOE e2/e4 genotype</td>
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<td>APOE e3/e3 genotype</td>
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<td>APOE e3/e4 genotype</td>
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<td>chromosomes</td>
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<td>i4000415</td>
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<td>Single nucleotide polymorphism (SNP)</td>
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<td>“nan” refers to “not a number,” and represents an undefined or missing value.</td>
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<tr>
<td></td>
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<td>located on or near gene GBA. Also known as rs76763715.</td>
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<td>This refers to the version of 23andMe’s research platform, Geneotyping Services for Researchers (GSR). Additional information may be found here: <a href="#">link</a>.</td>
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HANDEDNESS (Hands)

Table Description: Handedness Questionnaire (Edinburgh Handedness short form)

View Source Instrument: [link]

Details: This questionnaire is administered to participants one time, following the completion of registration. For analysis of the short form version completed by participants in Fox Insight (as compared to the previous iteration of this instrument), please see: link. Both participants with and without a diagnosis of PD complete this questionnaire.

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<th>Sub-Choice-2</th>
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<td>Please indicate your preferences in the use of hands in the following activity: Throwing</td>
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<td>Please indicate your preferences in the use of hands in the following object: Toothbrush</td>
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<td>Please indicate your preferences in the use of hands in the following activity: Writing</td>
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**RETURNCTR**

**Table Description:** Return Visit Questionnaire (Controls)

**View Source Instrument:** [link]

**Details:** Participants first complete this survey three months after Baseline and then every three months thereafter. The instrument is referred to as “Return Visit Questionnaire (Non-PD)” in the Fox Insight Schedule of Activities and as “Return Visit Questionnaire (Controls)” in Fox Den.

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<th>Value Description</th>
<th>Notes/Resources</th>
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<tr>
<td>DiagWhoDocCTR</td>
<td>Numeric</td>
<td>Please tell us who you received your diagnosis from</td>
<td>Primary care physician (such as a general practitioner, family physician or internist)</td>
<td></td>
<td>0</td>
<td>Not Checked</td>
<td>Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.</td>
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<th>Notes/Resources</th>
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<td>DiagWhoNeurCTR</td>
<td>Numeric</td>
<td>Please tell us who you received your diagnosis from</td>
<td>A general neurologist</td>
<td></td>
<td>0</td>
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<td>Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.</td>
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<td>DiagWhoOtherCTR</td>
<td>Numeric</td>
<td>Please tell us who you received your diagnosis from</td>
<td>Other type of physician or healthcare professional</td>
<td></td>
<td>0</td>
<td>Not Checked</td>
<td>Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.</td>
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<td>DiagWhoSpecCTR</td>
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<td>Please tell us who you received your diagnosis from</td>
<td>A neurologist specializing in movement disorders (i.e., &quot;movement disorder specialist&quot;)</td>
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<td>Variables beginning with the DiagWho prefix draw data from Question 1A in the questionnaire form, which asks participants to specify from whom they received their diagnosis. Participants only receive this question if they endorse having received a diagnosis of PD since their last study visit.</td>
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<td>HospitalCTR</td>
<td>Numeric</td>
<td>Have you been hospitalized for any reason since you last used Fox Insight?</td>
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<td>Was your hospitalization</td>
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<td>Participants are only presented</td>
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<td>related to Parkinson's disease?</td>
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<td>with this question if they answered ‘Yes’ to the question ‘Have you been hospitalized for any reason since you last used Fox Insight?’</td>
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<td>HospitalStayCTR</td>
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<td>How long were you hospitalized?</td>
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<td>1-2 days</td>
<td>Participants are only presented with this question if they answered ‘Yes’ to the question ‘Have you been hospitalized for any reason since you last used Fox Insight?’</td>
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<td>Which best describes your living situation?</td>
<td>Living with adult children</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Which best describes your living situation?</td>
<td>Living alone</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Which best describes your living situation?</td>
<td>Living in assisted living facility</td>
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<td>Participants may select multiple responses to this question, except</td>
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<td>LiveCareCTR</td>
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<td>Which best describes your living situation?</td>
<td>Living with paid in-home care provider/aide</td>
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<td>when selecting ‘Prefer Not to Answer.’</td>
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<td>Which best describes your living situation?</td>
<td>Living with minor child/children</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Living in nursing home</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Which best describes your living situation?</td>
<td>Living with other family</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Numeric</td>
<td>Which best describes your living situation?</td>
<td>Living with spouse/partner/significant other</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>NewPDDiagCTR</td>
<td>Numeric</td>
<td>Since your last visit, have you been diagnosed with Parkinson's disease by a physician or other health care professional?</td>
<td></td>
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<td>This question is only presented to participants if they have not previously endorsed receiving a diagnosis of PD.</td>
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RETURNPD

Table Description: Return Visit Questionnaire (PD)

View Source Instrument: [link]

Details: Participants first complete this survey three months after Baseline and then every three months thereafter. The instrument is referred to as “Return Visit Questionnaire (PD)” in the Fox Insight Schedule of Activities and in Fox Den. To calculate disease duration for a given participant, researchers can determine a respondent’s age at diagnosis using the ‘InitPDDiagAge’ variable and compare this to the ‘Age’ variable contained in the ‘About’ table, which indicates a participant’s current age (rounded to one decimal place for confidentiality).

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<td>HospitalPD</td>
<td>Numeric</td>
<td>Have you been hospitalized for any reason since you last used Fox Insight?</td>
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<td>HospitalPDPD</td>
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<td>Was your hospitalization related to Parkinson's disease?</td>
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<td>Participants are only presented this question if they answered ‘Yes’ to the question ‘Have you been hospitalized for any reason since you last used Fox Insight?’</td>
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<td>HospitalStayPD</td>
<td>Numeric</td>
<td>How long were you hospitalized?</td>
<td></td>
<td></td>
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<td>1-2 days</td>
<td>Participants are only presented this question if they answered ‘Yes’ to the question ‘Have you been hospitalized for any reason since you last used Fox Insight?’</td>
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<td>LiveAdultPD</td>
<td>Numeric</td>
<td>Which best describes your living situation?</td>
<td>Living with adult child/children</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Which best describes your living situation?</td>
<td>Living alone</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>LiveAsstPD</td>
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<td>Which best describes your living situation?</td>
<td>Living in assisted living facility</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>LiveCarePD</td>
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<td>Living with paid in-home care provider/aide</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>LiveMinorPD</td>
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<td>Living with minor child/children</td>
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<td>LiveNursPD</td>
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<td>Which best describes your living situation?</td>
<td>Living in nursing home</td>
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<td>Living with other family</td>
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<td>LiveOtherPD</td>
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<td>Which best describes your living situation?</td>
<td>Other</td>
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<td>Prefer not to answer</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>LiveSpousePD</td>
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<td>Which best describes your living situation?</td>
<td>Living with spouse/partner/significant other</td>
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<td>Participants may select multiple responses to this question, except when selecting ‘Prefer Not to Answer.’</td>
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<td>Since your last visit, has a physician or other health care professional changed your diagnosis of Parkinson's disease?</td>
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<td>No</td>
<td>Participants only receive this question if they previously endorsed having received a diagnosis of Parkinson’s disease</td>
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<td>PDConnectCarePD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>I am a caregiver of someone with Parkinson's Disease.</td>
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<td>Not Checked</td>
<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease</td>
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<td>PDConnectFirstPD</td>
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<td>Do you have any other connection to Parkinson's disease?</td>
<td>I am a first degree relative of someone with Parkinson's disease (parent, sibling, or child)</td>
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<td>Not Checked</td>
<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease</td>
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<tr>
<td>PDConnectFrienPD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>I am friends with someone with Parkinson's disease.</td>
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<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.</td>
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<td>PDConnectGenetPD</td>
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<td>Do you have any other connection to Parkinson's disease?</td>
<td>I have a genetic mutation associated with PD but have not been diagnosed with PD.</td>
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<td>Not Checked</td>
<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<tr>
<td>PDConnectKnowPD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>I do not know anyone with Parkinson's disease but I want to participate in research.</td>
<td></td>
<td>0</td>
<td>Not Checked</td>
<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<tr>
<td>PDConnectNoPD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>I have no other connection to Parkinson's disease.</td>
<td></td>
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<td>Not Checked</td>
<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson's disease.</td>
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<tr>
<td>PDConnectOtherPD</td>
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<td>Do you have any other connection to Parkinson's disease?</td>
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<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<td>PDConnectPrevPD</td>
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<td>Do you have any other connection to Parkinson's disease?</td>
<td>I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional.</td>
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<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<tr>
<td>PDConnectSecondPD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings).</td>
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<td>Not Checked</td>
<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<td>PDConnectSpousePD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>My spouse or partner has Parkinson's disease</td>
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<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<td>PDConnectWorkPD</td>
<td>Numeric</td>
<td>Do you have any other connection to Parkinson's disease?</td>
<td>My work relates to Parkinson's Disease</td>
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<td>Participants may select multiple responses and only receives this question if they endorse no longer having a diagnosis of Parkinson’s disease.</td>
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<td>PDTreatDocPD</td>
<td>Numeric</td>
<td>My Parkinson's disease is currently being treated by a:</td>
<td>Doctor/Primary Care Doctor</td>
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<td>Not Checked</td>
<td>Participant only receives this question if they still have a diagnosis of Parkinson’s disease and may select multiple responses.</td>
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<td>PDTreatNeurPD</td>
<td>Numeric</td>
<td>My Parkinson's disease is currently being treated by a:</td>
<td>General Neurologist</td>
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<td>0</td>
<td>Not Checked</td>
<td>Participant only receives this question if they still have a diagnosis of Parkinson’s disease and may select multiple responses.</td>
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<td>PDTreatNursPD</td>
<td>Numeric</td>
<td>My Parkinson's disease is currently being treated by a:</td>
<td>Nurse Practitioner/Physician Assistant</td>
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<td>0</td>
<td>Not Checked</td>
<td>Participant only receives this question if they still have a diagnosis of Parkinson’s disease and may select multiple responses.</td>
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<tr>
<td>PDTreatOthPD</td>
<td>Numeric</td>
<td>My Parkinson's disease is currently being treated by a:</td>
<td>Other</td>
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<td>0</td>
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<td>Participant only receives this question if they still have a diagnosis of Parkinson’s disease and may select multiple responses.</td>
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<td>PDTreatSpecPD</td>
<td>Numeric</td>
<td>My Parkinson's disease is currently being treated by a:</td>
<td>Movement Disorder Specialist</td>
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<td>1</td>
<td>Checked</td>
<td>Participant only receives this question if they still have a diagnosis of Parkinson’s disease and may select multiple responses.</td>
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**PD SIDE (SidePD)**

**Table Description:** Side of Onset

**View Source Instrument:** [link]

**Details:** Participants complete this survey once at Baseline. The instrument is referred to as “Side of Onset” in the Fox Insight Schedule of Activities and as “What Side Did Your PD Symptoms Begin On?” in Fox Den. Only participants with PD complete this questionnaire.

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<tr>
<td>SidePDOnset</td>
<td>Numeric</td>
<td>Remember back to when your Parkinson's symptoms began. On which side of your body did your symptoms start?</td>
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<td>Both sides equally</td>
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<td>I don't know</td>
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### USERS

**Table Description:** Registration

**View Source Instrument:** [link](#)

**Details:** Participants complete this survey at Baseline. The instrument is referred to as “FI Account (Registration)” in the Fox Insight Schedule of Activities, as “Registration” in Fox Den, and data is included in the “Users” table contained within monthly data cuts. All participants complete this questionnaire.

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<td>DiagWhoDocPD</td>
<td>Numeric</td>
<td>Please tell us who you received your diagnosis from (if diagnosed with Parkinson's disease)</td>
<td>Primary care physician (such as a general practitioner, family physician or internist)</td>
<td></td>
<td>0</td>
<td>Not Checked</td>
<td>Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to which a respondent can select multiple answers.</td>
</tr>
<tr>
<td>DiagWhoNeurPD</td>
<td>Numeric</td>
<td>Please tell us who you received your diagnosis from (if diagnosed with Parkinson's disease)</td>
<td>A general neurologist</td>
<td></td>
<td>0</td>
<td>Not Checked</td>
<td>Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to which a respondent can select multiple answers.</td>
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<th>Notes/Resources</th>
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<td>DiagWhoOtherPD</td>
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<td>Please tell us who you received your diagnosis from (if diagnosed with PD)</td>
<td>Other type of physician or healthcare professional</td>
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<td>Participants are only shown this question if they endorsed a diagnosis of PD. Variables beginning with DiagWho are presented as a single question, to which a respondent can select multiple answers.</td>
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<td>Do you currently have a diagnosis of Parkinson's disease by a physician or other health care professional? (PD diagnosis at time of registration)</td>
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<td>LocCountry</td>
<td>Text</td>
<td>What is your location (country)?</td>
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<td>PDConnectCareCTR</td>
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<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I am a caregiver of someone with Parkinson's Disease.</td>
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<td>PDConnectFirstCTR</td>
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<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I am a first degree relative of someone with Parkinson's disease (parent, sibling, or child).</td>
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<tr>
<td>PDConnectFrienCTR</td>
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<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I am friends with someone with Parkinson's disease.</td>
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<td>PDConnectGenetCTR</td>
<td>Numeric</td>
<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I have a genetic mutation associated with PD but have not been diagnosed with PD.</td>
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<td>Dropdown option which specifies connection to PD.</td>
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<tr>
<td>PDConnectKnowCTR</td>
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<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I do not know anyone with Parkinson's disease but I want to participate in research.</td>
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<tr>
<td>PDConnectNoCTR</td>
<td>Numeric</td>
<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I have no other connection to Parkinson's disease.</td>
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<tr>
<td>PDConnectOtherCTR</td>
<td>Numeric</td>
<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>Other</td>
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<td>Dropdown option which specifies connection to PD.</td>
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<tr>
<td>PDConnectPrevCTR</td>
<td>Numeric</td>
<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional.</td>
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<td>Not Checked</td>
<td>Dropdown option which specifies connection to PD.</td>
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<td>PDConnectSecondCTR</td>
<td>Numeric</td>
<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces or half-siblings).</td>
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<td>PDConnectSpouseCTR</td>
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<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>My spouse or partner has Parkinson's disease.</td>
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<td>0</td>
<td>Not Checked</td>
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Notes/Resources
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<th>Sub-Choice-2</th>
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<th>Value Description</th>
<th>Notes/Resources</th>
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<tbody>
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<td>PDConnectWorkCTR</td>
<td>Numeric</td>
<td>What is your connection to Parkinson's disease (if not diagnosed with Parkinson's disease)?</td>
<td>My work relates to Parkinson's Disease.</td>
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<td>YearsWithPD</td>
<td>Numeric</td>
<td>Years with a diagnosis of Parkinson's disease when enrolled in Fox Insight [Derived]</td>
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<td></td>
<td>0</td>
<td>Early (&lt; 3 years)</td>
<td>This variable is derived by comparing an individual’s reported age at the time of registration with their reported age at the time of PD diagnosis.</td>
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<td>1</td>
<td>Mid (3 - 10 years)</td>
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<td>Later (11 - 50 years)</td>
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PD-PROP (Pdprop)

**Table Description**: What’s bothering you? (PD Patient Reported Outcome of Problem / PD-PROP)

**View Source Instrument**: [link]

**Details**: Participants first complete this survey one months after Baseline and then every three months thereafter. The instrument is referred to as “What’s bothering you? (PD Patient Reported Outcome of Problem / PD-PROP)” in the Fox Insight Schedule of Activities and as “What’s bothering you?” in Fox Den. For more information on the PD-PROP and the derivation of the below variables, please see [link], [link], and [link].

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ACUTE HEALTH (Acute)

**Table Description**: Your Acute Medical Conditions

**View Source Instrument**: [link]

**Details**: Participants first complete this survey twelve months after Baseline and every 12 months thereafter. The instrument is referred to as “Your Annual Acute Health Conditions” in Fox Den and as “Your Acute Medical Conditions” in the Fox Insight Schedule of Activities. All participants complete this questionnaire.

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<td>If a participant responds ‘yes’ to this question, they are asked to quantify the number of such events. This figure is not available in FoxDEN at this time.</td>
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**DAILY ACTIVITY (Daily)**

**Table Description:** Your Cognition and Daily Activities (PDAQ-15)

**View Source Instrument:** [link]

**Details:** Participants first complete this survey three months after Baseline and every six months thereafter. The instrument is referred to as “Your Cognition and Daily Activities” in Fox Den and as “Your Cognition and Daily Activities (PDAQ-15)” in the Fox Insight Schedule of Activities. The data and associated data dictionary for this instrument were re-coded on 6/1/2020 to reflect the current literature in which LOWER scores mean WORSE cognitive function. All participants complete this questionnaire.

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<td>DIFFICULTY do you currently have remembering new information like phone numbers or simple instructions?</td>
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**Value Description**
- 0: Cannot do
- 1: A lot
- 2: Somewhat
- 3: A little
- 4: None
- 5: Prefer not to answer
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**CURRENT HEALTH (Curr)**

**Table Description:** Your Current Health

**View Source Instrument:** [link]

**Details:** Participants first complete this survey at Baseline, then three months after Baseline, and every twelve months thereafter. The instrument is referred to as “Your Current Health” in both Fox Den and in the Fox Insight Schedule of Activities. All participants complete this questionnaire.

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Participants are presented this question if they answered ‘Yes’ to the question “Have you had anxiety?”

Participants are presented this question if they answered ‘Yes’ to the question “Have you had anxiety?”

Participants are presented this question if they answered ‘Yes’ to the question “Have you had anxiety?”

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| CurrBloodTypeTha  | Numeric   | What blood disease do you have?                   | Thalassemia  |              | 0     | Not Checked      | the question ‘Do you currently have a blood disease (not cancer)?’  
Participates may select multiple responses.                                                                                                    |
|                   |           |                                                   |              |              | 1     | Checked          |                                                                                                                                   |
| CurrCancer        | Numeric   | Do you currently have cancer?                     |              |              | 0     | No               | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have a blood disease (not cancer)?’  
Participates may select multiple responses.                                                                                                    |
<p>|                   |           |                                                   |              |              | 1     | Yes              |                                                                                                                                   |
|                   |           |                                                   |              |              | 3     | Prefer not to answer |                                                                                                                                   |
| CurrCancerLim     | Numeric   | Does your cancer limit your activities?           |              |              | 0     | No               | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have cancer?’                        |
|                   |           |                                                   |              |              | 1     | Yes              |                                                                                                                                   |
| CurrCancerTrt     | Numeric   | Do you receive treatment for your cancer?         |              |              | 0     | No               | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have cancer?’                        |
|                   |           |                                                   |              |              | 1     | Yes              |                                                                                                                                   |</p>
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| CurrCancerTypeOth     | Numeric   | What type of cancer do you currently have?  | Other        |              | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have cancer?’  
Participants may select multiple responses. |
|                       |           |                                            |              |              | 1     | Checked           |                                                                                                                                     |
| CurrCancerTypePro     | Numeric   | What type of cancer do you currently have?  | Prostate     |              | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have cancer?’  
Participants may select multiple responses. |
|                       |           |                                            |              |              | 1     | Checked           |                                                                                                                                     |
| CurrCancerTypeSkin    | Numeric   | What type of cancer do you currently have?  | Skin (non-melanoma) |              | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have cancer?’  
Participants may select multiple responses. |
<p>|                       |           |                                            |              |              | 1     | Checked           |                                                                                                                                     |</p>
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| CurrLiverTypeHepA    | Numeric   | What type of liver disease do you have?       | Hepatitis A        |                    | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have liver disease (not cancer)?’
|                      |           |                                               |                    |                    |       |                   | Participants may select multiple responses.                                                                                                                                                           |
|                      |           |                                               |                    |                    | 1     | Checked           |                                                                                                           |
| CurrLiverTypeHepB    | Numeric   | What type of liver disease do you have?       | Hepatitis B        |                    | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have liver disease (not cancer)?’
|                      |           |                                               |                    |                    |       |                   | Participants may select multiple responses.                                                                                                                                                           |
|                      |           |                                               |                    |                    | 1     | Checked           |                                                                                                           |
| CurrLiverTypeHepC    | Numeric   | What type of liver disease do you have?       | Chronic viral hepatitis (Hepatitis C or hep C) |                    | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question ‘Do you currently have liver disease (not cancer)?’
<p>|                      |           |                                               |                    |                    |       |                   | Participants may select multiple responses.                                                                                                                                                           |
|                      |           |                                               |                    |                    | 1     | Checked           |                                                                                                           |</p>
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| CurrLungTypeOth | Numeric   | What kind of lung disease do you have? | Other        |              | 0     | Not Checked       | the question “Do you currently have lung disease (not cancer)?”
|                 |           |                                    |              |              | 1     | Checked           | Participants may select multiple responses.                                    |
| CurrLungTypePne | Numeric   | What kind of lung disease do you have? | Pneumonia    |              | 0     | Not Checked       | Participants are presented this question if they answered ‘Yes’ to the question “Do you currently have lung disease (not cancer)?”
<p>|                 |           |                                    |              |              | 1     | Checked           | Participants may select multiple responses.                                    |</p>
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<td>CurrLungTypeTB</td>
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**DAILY LIVING (LivePD)**

**Table Description:** Your Daily Living (PDQ − 8)

**View Source Instrument:** [link]

**Details:** Participants first complete this instrument at their first study visit and every study visit thereafter. The instrument is referred to as “Your Daily Living” in Fox Den and as “Your Daily Living (PDQ − 8)” in the Fox Insight Schedule of Activities. Only participants with PD complete this questionnaire.

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<td>Due to having Parkinson's disease, how often during the last month have you had felt unable to communicate with people properly?</td>
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<td>Due to having Parkinson's disease, how often during the last month have you had painful muscle cramps or spasms?</td>
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NEURO HIST (Neur)

**Table Description:** Your Family Neurological History Version 1

**View Source Instrument:** [link]

**Details:** Participants first complete this survey one month after baseline, three months after Baseline, and every twelve months thereafter. The instrument is referred to as “Your Family Neurological History Version 1” in Fox Den and as “Your Family Neurological History” in the Fox Insight Schedule of Activities. This version of the instrument was no longer served to participants after 2/2/2020, and was replaced with ‘Your Family Neurological History Version 2.’ For additional details, see the ‘Your Family Neurological History Version 2’ table. All participants completed this questionnaire.

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The variable NeurChildAlz_n will have a different number suffix n depending on the number of the child specified. For example, NeurChildAlz_6 Refers to Child # 6.
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<td>biological children?</td>
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<td>NeurChildPark_n</td>
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<td>The variable NeurSibUnknown_n will have a different number suffix n depending on the number of the child specified. For example, NeurSibUnknown_6 Refers to Sibling #6</td>
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**NEURO HIST 2 (Fam)**

**Table Description:** Your Family Neurological History Version 2

**View Source Instrument:** [link]

**Details:** Participants first complete this survey one month after baseline, three months after Baseline, and every twelve months thereafter. The instrument is referred to as “Your Family Neurological History Version 2” in Fox Den and as “Your Family Neurological History” in the Fox Insight Schedule of Activities. This instrument began being served to participants on 2/3/2020. It was revised to simplify data collection and focus on highest priority items as related to PD, removing questions on: autism, epilepsy, multiple sclerosis, stroke, suicide; added question on: benign or essential tremor. All participants complete this questionnaire.

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<td>Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of ALS?’</td>
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<td>Not Checked</td>
<td>Option checked specifies which family members have/had an ALS condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of ALS?’</td>
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Note: Options are presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of bi-polar disorder or schizophrenia?’
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The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?’
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|          |           | muscle
contractions)? |              |              |       |                   | the question ‘Do
you have a family
history of dystonia
(painful,
prolonged muscle
contractions that
cause involuntary
repetitive twisting
and sustained
muscle contractions)?’ |
<p>| Variable       | Data Type | Question Text                              | Sub-Choice-1 | Sub-Choice-2 | Value | Value Description | Notes/Resources                                                                                                                   |
|----------------|-----------|--------------------------------------------|--------------|--------------|-------|-------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| FamEpilepsyChild | Numeric   | Which family members have/had epilepsy?    | Child        |              | 0     | Not Checked       | Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of epilepsy?’ |
|                |           |                                            |              |              | 1     | Checked           |                                                                                                                                  |
| FamEpilepsyFath | Numeric   | Which family members have/had epilepsy?    | Father       |              | 0     | Not Checked       | Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of epilepsy?’ |
|                |           |                                            |              |              | 1     | Checked           |                                                                                                                                  |</p>
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<td>Niece/Nephew</td>
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Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of Multiple Sclerosis (MS)?’
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**Notes/Resources**

- Fox Insight Data Dictionary (Core SOA) Version 1.0 (08/2021)
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answered ‘Yes’ to the question ‘Do you have a family history of Parkinson's disease?’

Option checked specifies which family members have/had the PD.
The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of Parkinson's disease?’
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presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of Parkinson's disease?’
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<td>FamParkinsonSib</td>
<td>Numeric</td>
<td>Which family members have/had Parkinson's disease?</td>
<td>Sibling</td>
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<td>the question ‘Do you have a family history of Parkinson's disease?’</td>
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<td>Which family members have/had a stroke?</td>
<td>Child</td>
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<td>Father</td>
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<td>FamStrokeGrand</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Grandchild</td>
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<td>Which family members have/had a stroke?</td>
<td>Great-Grandchild</td>
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<td>answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>Half-Sibling</td>
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<td>FamStrokeMatAunt</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Maternal Aunt</td>
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<td>Not Checked</td>
<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokeMatCous</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Maternal Cousin</td>
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<td>0</td>
<td>Not Checked</td>
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<td>Which family members have/had a stroke?</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokeMatGrMoth</td>
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<td>Which family members have/had a stroke?</td>
<td>Maternal Grandmother</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokeMatNieNep</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Maternal Niece/Nephew</td>
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<td>Not Checked</td>
<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokeMatUnc</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Maternal Uncle</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokeMoth</td>
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<td>Which family members have/had a stroke?</td>
<td>Mother</td>
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<td>Other</td>
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<td>FamStrokePatAunt</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Paternal Aunt</td>
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<td>Not Checked</td>
<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokePatCous</td>
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<td>Which family members have/had a stroke?</td>
<td>Paternal Cousin</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokePatGrFath</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Paternal Grandfather</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokePatGrMoth</td>
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<td>Which family members have/had a stroke?</td>
<td>Paternal Grandmother</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<tr>
<td>FamStrokePatNieNep</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Paternal Niece/Nephew</td>
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<td>Not Checked</td>
<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokePatUnc</td>
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<td>Which family members have/had a stroke?</td>
<td>Paternal Uncle</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamStrokeSib</td>
<td>Numeric</td>
<td>Which family members have/had a stroke?</td>
<td>Sibling</td>
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<td>option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>FamSuicideChild</td>
<td>Numeric</td>
<td>Which family members have/had committed or attempted suicide?</td>
<td>Child</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of stroke?’</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of suicide or suicide attempt?’</td>
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<td>Numeric</td>
<td>Which family members have/had committed or attempted suicide?</td>
<td>Father</td>
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<td>Not Checked</td>
<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of suicide or suicide attempt?’</td>
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<td>Option checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of suicide or suicide attempt?’</td>
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<td>FamSuicideGrand</td>
<td>Numeric</td>
<td>Which family members have/had committed or attempted suicide?</td>
<td>Grandchild</td>
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<td>Option checked specifies which family members have/had the condition. The</td>
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<td>option is presented to participants who answered ‘Yes’ to the question ‘Do</td>
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<td></td>
<td>you have a family history of suicide or suicide attempt?’</td>
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<tr>
<td>FamSuicideGreat</td>
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<td>Which family members have/had committed or attempted suicide?</td>
<td>Great-Grandchild</td>
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<td>0</td>
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<td>Option checked specifies which family members have/had the condition. The</td>
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<td>option is presented to participants who answered ‘Yes’ to the question ‘Do</td>
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<td>you have a family history of suicide or suicide attempt?’</td>
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<td>FamSuicideHalfSib</td>
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<td>Which family members have/had committed or attempted suicide?</td>
<td>Half-Sibling</td>
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<td>Option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of suicide or suicide attempt?’</td>
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<td>FamSuicideHx</td>
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<td>Do you have a family history of suicide or suicide attempt?</td>
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Which family members have/had committed or attempted suicide?

Checked specifies which family members have/had the condition. The option is presented to participants who answered ‘Yes’ to the question ‘Do you have a family history of suicide or suicide attempt?’
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HEALTH HIS

Table Description: Your Health History

View Source Instrument: [link]

Details: Participants complete this survey one month after baseline. The instrument is referred to as “Your Health History” in Fox Den and in the Fox Insight Schedule of Activities. This instrument replaced "Your Medical History" and "Your Surgical History” on 10/20/2017. All participants complete this questionnaire.

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Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had back pain lasting longer than a week?’
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<td>Did you receive treatment for your blood disease?</td>
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Participants are presented this question if they answered ‘Yes’ to the question ‘Have you ever had lung disease (not cancer)?’ Participants may select multiple responses.
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Fox Insight Data Dictionary (Core SOA)  
Version 1.0 (08/2021)
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<td>Did you lose consciousness (for more than 10 minutes) during any TBI?</td>
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MED HIS

Table Description: Your Medical History

View Source Instrument: [link]

Details: Participants completed this survey one month after baseline. The instrument is referred to as “Your Medical History” in Fox Den. This instrument was replaced by “Your Health History” on 10/20/2017.

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<td>Squamous</td>
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<td>What type of skin cancer (squamous) did you have?</td>
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<td>What type of thyroid disease do you have?</td>
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MEDICATIONS (Med)

Table Description: Your Medications (Non-PD)

View Source Instrument: [link]

Details: Participants first complete this survey one month after baseline and every three months thereafter. The instrument is referred to as “Your Medications” in FoxDEN and as “Your Medications (Non-PD)” in the Fox Insight Schedule of Activities. This survey is completed only by participants who have not reported a diagnosis of PD.

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<td>MedsOtherAnxiety</td>
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<td>Are you currently taking medications (prescription or over the counter) for any of the following conditions?</td>
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<td>Problems with cognition (e.g. trouble thinking or staying focused) or memory?</td>
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<td>Psychoses (e.g. Seeing or hearing things that you know or are told are not there).</td>
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<td>Are you currently taking any of the following supplements or vitamins?</td>
<td>Vitamin D (alone or multivitamin)</td>
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<td>All variables beginning with a ‘MedsVit’ prefix are presented as a single question in which participants may select multiple responses.</td>
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<td>Vitamin E (alone or multivitamin)</td>
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<td>Are you currently taking any of the following supplements or vitamins?</td>
<td>I am not taking any of the supplements or vitamins listed above</td>
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<td>Are you currently taking any of the following supplements or vitamins?</td>
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**MEDICATIONS PD (MedsCurrPD)**

**Table Description:** Your Medications (PD)

**View Source Instrument:** [link]

**Details:** Participants first complete this survey one month after baseline and every three months thereafter. The instrument is referred to as “Your Medications (PD)” in FoxDEN and in the Fox Insight Schedule of Activities. This instrument is only completed by participants who endorse having received a diagnosis of PD.

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<td>MedsCurrPD</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
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<td>Benztropine (Cogentin)</td>
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<td>Deprenyl (Selegiline)</td>
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<td>Carbidopa / Levodopa Intestinal Gel (Duopa or Duodopa)</td>
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<td>Ebixa (Memantine)</td>
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<td>Eldepryl (Selegiline)</td>
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<td>Ethopropazine (Parsitan or Parsidan or Profenamine or Parsidol, or Parkin)</td>
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<td>MedsCurrPDExel</td>
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<td>Amantadine Extended Release (Gocovri ER or</td>
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<td>Ropinirole Transdermal Patch (Harupi Tape or HP-3000)</td>
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<td>Carbidopa / Levodopa and Entacapone Intestinal Gel (Lecigon)</td>
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<td>MedsCurrPDMadopC</td>
<td>Numeric</td>
<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Levodopa / Benserazide Controlled Release (Madopar CR, Madopar HBS, or Prolopa CR)</td>
<td></td>
<td>0</td>
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<td>This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.</td>
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<td>Levodopa / Benserazide Dispersible (Madopar Rapid)</td>
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<td>MedsCurrPDMiraER</td>
<td>Numeric</td>
<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Pramipexole Extended Release or Modified Release Tablets (Mirapex ER or Sifrol ER or Pramipexole XR GP)</td>
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<td>This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.</td>
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<td>MedsCurrPDMuc</td>
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<td>Mucuna Pruriens</td>
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<td>MedsCurrPDMyobl</td>
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<td>Myobloc (Botulinum toxin)</td>
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<td>Rotigotine Transdermal Patch (Neupro Patch)</td>
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<td>None of these</td>
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<td>MedsCurrPDNorthe</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Northera (Droxidopa)</td>
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<td>MedsCurrPDNupla</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Nuplazid (Pimavanserin)</td>
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<td>Opicapone (Ongentys)</td>
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<td>MedsCurrPDParc</td>
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<td>Carbidopa / Levodopa Orally Disintegrating Tablets (Parcopa)</td>
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<td>MedsCurrPDParlo</td>
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<td>Parlodel (Bromocriptine)</td>
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<td>MedsCurrPDRazady</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Razadyne (Galantamine)</td>
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<td>MedsCurrPDReAd</td>
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<td>Ropinirole [Derived]</td>
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<td>Reminyl (Galantamine)</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Ropinirole Extended Release (Requip XL)</td>
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<td>Carbidopa / Levodopa Extended Release Capsules (Rytary or Numient)</td>
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<td>Pramipexole (Mirapex)</td>
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<td>This is presented as a single list from which participants can select multiple responses if they endorse currently taking medication for treatment of PD symptoms.</td>
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<td>MedsCurrPDSine</td>
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<td>Carbidopa / Levodopa Immediate Release (Sinemet)</td>
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<td>MedsCurrPDSineCR</td>
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<td>Carbidopa / Levodopa Controlled Release (Sinemet CR)</td>
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<td>MedsCurrPDStale</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Carbidopa / Levodopa and Entacapone (Stalevo)</td>
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<td>Amantadine (Symmetrel)</td>
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<td>MedsCurrPDTasm</td>
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<td>Tolcapone (Tasmar)</td>
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<td>MedsCurrPDXada</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Safinamide (Xadago or Equfina)</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
<td>Xeomin (Botulinum toxin)</td>
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<td>Are you currently taking prescription medication for treating the symptoms of Parkinson's disease?</td>
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<td>MedsEverPD</td>
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<td>Have you ever taken prescription medication for treating the symptoms of Parkinson's disease?</td>
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<td>MedPDProcedBrain</td>
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<td>Have you ever undergone any of these PD procedures?</td>
<td>Deep Brain Stimulation</td>
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<td>Have you ever undergone any of these PD procedures?</td>
<td>Gamma knife radiosurgery</td>
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<td>Have you ever undergone any of these PD procedures?</td>
<td>I have not undergone any of the PD procedures listed above</td>
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<td>Have you ever undergone any of these PD procedures?</td>
<td>Prefer not to answer</td>
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<td>MedPDProcedPallid</td>
<td>Numeric</td>
<td>Have you ever undergone any of these PD procedures?</td>
<td>Pallidotomy</td>
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<td>MedPDProcedThala</td>
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<td>Thalamotomy</td>
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<td>MedPDProcedUltra</td>
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<td>Have you ever undergone any of these PD procedures?</td>
<td>Focused ultrasound</td>
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<td>Variables with the ‘MedPDProced’ prefix are presented in a single question from which the participant can select multiple responses.</td>
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**MOOD (Mood)**

**Table Description:** Your Mood

**View Source Instrument:** [link]

**Details:** Participants complete this questionnaire at their Baseline, Study Visit #1, and then annually thereafter. This is referred to as “Your Mood (GDS)” in the Schedule of Activities, and “Your Mood” in FoxDEN and is the short-form version of the Geriatric Depression Scale (GDS-15). Discussion on development and validation of this instrument can be found here: [link]. All participants complete this questionnaire.

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<td>Numeric</td>
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<tr>
<td>MoodAlive</td>
<td>Numeric</td>
<td>Do you think it is wonderful to be alive?</td>
<td></td>
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<td>0</td>
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<tr>
<td>MoodBetter</td>
<td>Numeric</td>
<td>Do you think that most people are better off than you?</td>
<td></td>
<td></td>
<td>0</td>
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<td>Numeric</td>
<td>Do you often get bored?</td>
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<td>MoodEmpty</td>
<td>Numeric</td>
<td>Do you feel that your life is empty?</td>
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<td>MoodEnergy</td>
<td>Numeric</td>
<td>Do you feel full of energy?</td>
<td></td>
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<td>MoodHappy</td>
<td>Numeric</td>
<td>Do you feel happy most of the time?</td>
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<td>MoodHelp</td>
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<td>Do you often feel helpless?</td>
<td></td>
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<td>MoodHome</td>
<td>Numeric</td>
<td>Do you prefer to stay at home, rather than going out and doing new things?</td>
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<td>MoodHopeless</td>
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<td>Do you feel that your situation is hopeless?</td>
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<td>MoodInterest</td>
<td>Numeric</td>
<td>Have you dropped many of your activities and interests?</td>
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<td>MoodMemory</td>
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<td>Do you feel you have more problems with memory than most people?</td>
<td></td>
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<td>MoodSatis</td>
<td>Numeric</td>
<td>Are you basically satisfied with your life?</td>
<td></td>
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<td>MoodSpirits</td>
<td>Numeric</td>
<td>Are you in good spirits most of the time?</td>
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<td>MoodWorth</td>
<td>Numeric</td>
<td>Do you feel pretty worthless the way you are now?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
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Fox Insight Data Dictionary (Core SOA) 348 Version 1.0 (08/2021)
MOVEMENT (MOVE)

Table Description: Your Movement Experiences (MDS-UPDRS Part II)

View Source Instrument: [link]

Details: Participants complete this survey at Baseline and then every six months thereafter. For additional details on the full MDS-UPDRS, please visit: [link]. This instrument is an online administration of Part II of the MDS-UPDRS. It is referred to as “Your Movement Experiences” in the Fox Insight Schedule of Activities and in Fox DEN, but is titled by the Movement Disorders Society as “motor experiences of daily living.” Discussion of online vs. in-person administration of this instrument can be found here: [link]. Only participants who endorse having received a diagnosis of PD complete this instrument.

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<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
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<th>Notes/Resources</th>
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<tbody>
<tr>
<td>MoveChew</td>
<td>Numeric</td>
<td>Chewing and Swallowing: Over the past week, have you usually had problems swallowing pills or eating meals? Do you need your pills cut or crushed or your meals to be made soft, chopped or blended to avoid choking?</td>
<td></td>
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<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I am aware of slowness in my chewing or increased effort at swallowing, but I do not choke or need to have my food specially prepared.</td>
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<td>3</td>
<td>Mild: I need to have my pills cut or my food specially prepared because of chewing or swallowing problems, but I have not choked over the past week.</td>
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<td>4</td>
<td>Moderate: I choked at least once in the past week.</td>
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<td>5</td>
<td>Severe: Because of chewing and swallowing problems, I need a feeding tube.</td>
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<tr>
<td>MoveDress</td>
<td>Numeric</td>
<td>Dressing: Over the past week, have you usually had problems dressing? For example, are you slow or do you</td>
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<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I am slow but I do not need help.</td>
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<td>3</td>
<td>Mild: I am slow and need help for a few dressing tasks (buttons, bracelets).</td>
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<td>need help with buttoning, using zippers, putting on or taking off your clothes or jewelry?</td>
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<td>4</td>
<td>Moderate: I need help for many dressing tasks.</td>
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<td>5</td>
<td>Severe: I need help for most or all dressing tasks.</td>
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<tr>
<td>MoveEat</td>
<td>Numeric</td>
<td>Eating Tasks: Over the past week, have you usually had troubles handling your food and using eating utensil? For example, do you have trouble handling finger foods or using forks, knives, spoons, chopsticks?</td>
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<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I am slow, but I do not need any help handling my food and have not had food spills while eating.</td>
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<td>3</td>
<td>Mild: I am slow with my eating and have occasional food spills. I may need help with a few tasks such as cutting meat.</td>
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<td>Moderate: I need help with many eating tasks but can manage some alone.</td>
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<td>5</td>
<td>Severe: I need help for most or all eating tasks.</td>
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<tr>
<td>MoveFreeze</td>
<td>Numeric</td>
<td>Freezing: Over the past week, on your usual day when walking, do you suddenly stop or freeze as if your feet are stuck to the floor?</td>
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<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I briefly freeze but I can easily start walking again. I do not need help from someone else or a walking aid (cane or walker) because of freezing.</td>
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<td>3</td>
<td>Mild: I freeze and have trouble starting to walk again, but I do not need someone's help or a walking aid (cane or walker) because of freezing.</td>
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<td>4</td>
<td>Moderate: When I freeze I have a lot of trouble starting to walk again and, because of freezing, I sometimes need to use a walking aid or need someone else's help.</td>
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<td>5</td>
<td>Severe: Because of freezing, most or all of the time, I need to use a walking aid or someone's help.</td>
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<td>MoveHobby</td>
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<td>Doing hobbies or other activities: Over the past week, have you usually had trouble doing your hobbies or other things that you like to do?</td>
<td>2</td>
<td>Slight: I am a bit slow but do these activities easily.</td>
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<td>3</td>
<td>Mild: I have some difficulty doing these activities.</td>
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<td>4</td>
<td>Moderate: I have major problems doing these activities, but still do most.</td>
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<td>5</td>
<td>Severe: I am unable to do most or all of these activities.</td>
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<tr>
<td>MoveHygiene</td>
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<td>Hygiene: Over the past week, have you usually been slow or do you need help with washing, bathing, shaving, brushing teeth, combing your hair or with other personal hygiene?</td>
<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td></td>
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<td>Slight: I am slow but I do not need help.</td>
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<td>Mild: I need someone else to help me with some hygiene tasks.</td>
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<td></td>
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<td>4</td>
<td>Moderate: I need help for many hygiene tasks.</td>
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<td>5</td>
<td>Severe: I need help for most or all of my hygiene tasks.</td>
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<td>MoveSaliva</td>
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<td>Saliva and Drooling: Over the past week, have you usually had too much saliva during when you are awake or when you sleep?</td>
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<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I have too much saliva, but do not drool.</td>
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<td>Mild: I have some drooling during sleep, but none when I am awake.</td>
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<td>Moderate: I have some drooling when I am awake, but I usually do not need tissues or a handkerchief.</td>
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<td>Severe: I have so much drooling that I regularly need to use tissues or a handkerchief to protect my clothes.</td>
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<td>MoveSleep</td>
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<td>Turning in Bed: Over the past week, have you usually have trouble turning over in bed?</td>
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<td>2</td>
<td>Slight: I have a bit of trouble turning, but I do not need any help.</td>
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<td>Mild: I have a lot of trouble turning and need occasional help from someone else.</td>
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<td>MoveSpeech</td>
<td>Numeric</td>
<td>Speech: Over the past week, have you had problems with your speech?</td>
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<td>Moderate: To turn over I often need help from someone else.</td>
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<td>5</td>
<td>Severe: I am unable to turn over without help from someone else.</td>
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<td></td>
<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: My speech is soft, slurred or uneven, but it does not cause others to ask me to repeat myself</td>
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<td>3</td>
<td>Mild: My speech causes people to ask me to occasionally repeat myself, but not everyday.</td>
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<td>4</td>
<td>Moderate: My speech is unclear enough that others ask me to repeat myself every day even though most of my speech is understood.</td>
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<td>5</td>
<td>Severe: Most or all of my speech is understood</td>
<td></td>
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<tr>
<td>MoveTremor</td>
<td>Numeric</td>
<td>Tremor: Over the past week, have you usually had shaking or tremor?</td>
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<td></td>
<td>1</td>
<td>Normal: Not at all. I have no shaking or tremors.</td>
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<td>2</td>
<td>Slight: Shaking or tremor occurs but does not cause problems with any activities.</td>
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<td>3</td>
<td>Mild: Shaking or tremor causes problems with only a few activities.</td>
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<td>4</td>
<td>Moderate: Shaking or tremor causes problems with many of my daily activities.</td>
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<td>5</td>
<td>Severe: Shaking or tremor causes problems with most or all activities.</td>
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<tr>
<td>MoveUp</td>
<td>Numeric</td>
<td>Getting out of bed, a care, or a deep chair: Over the past week, have you usually had trouble getting out of a bed, a car seat, or a deep chair?</td>
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<td>1</td>
<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I am slow or awkward, but I usually can do it on my first try.</td>
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<td>3</td>
<td>Mild: I need more than one try to get up or need occasional help.</td>
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<td>4</td>
<td>Moderate: I sometimes need help to get up, but most times I can still do it on my own.</td>
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<tr>
<td>MoveWalk</td>
<td>Numeric</td>
<td>Walking and Balance: Over the past week, have you usually had problems with balance and walking?</td>
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<td></td>
<td>5</td>
<td>Severe: I need help most or all of the time.</td>
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<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: I am slightly slow or may drag a leg, I never use a walking aid.</td>
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<td>3</td>
<td>Mild: I occasionally use a walking aid, but I do not need any help from another person.</td>
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<td>4</td>
<td>Moderate: I usually use a walking aid (cane, walker) to walk safely without falling. However, I do not usually need the support of another person.</td>
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<td>5</td>
<td>Severe: I usually use the support of another person to walk safely without falling.</td>
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<tr>
<td>MoveWho</td>
<td>Numeric</td>
<td>Who is filling out this questionnaire?</td>
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<td>Patient</td>
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<td>Caregiver</td>
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<td></td>
<td>3</td>
<td>Patient and Caregiver in equal proportion</td>
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<tr>
<td>MoveWrite</td>
<td>Numeric</td>
<td>Handwriting: Over the past week, have people usually had trouble reading your handwriting?</td>
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<td>Normal: Not at all (no problems)</td>
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<td>2</td>
<td>Slight: My writing is slow, clumsy or uneven, but all words are clear.</td>
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<td>3</td>
<td>Mild: Some words are unclear and difficult to read.</td>
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<td>Moderate: Many words are unclear and difficult to read.</td>
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<td>5</td>
<td>Severe: Most or all words cannot be read.</td>
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</table>
NONMOVEMENT (NonMove)

**Table Description:** Your Non-Movement Experiences (NMS-Quest)

**View Source Instrument:** [link]

**Details:** This instrument is labeled as “Your Non-Movement Experiences NMS Quest” (appended with either “PD” or “Non-PD”) and as “Your Non-Movement Experiences” in FoxDEN. Both PD and Control cohorts receive the same questionnaire. Participants from both PD and Control cohorts complete the survey at their first Study Visit, and every three months thereafter. For development and validation of this instrument, please visit [link] and [link], respectively.

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<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
</tr>
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<tbody>
<tr>
<td>NonMoveAnxious</td>
<td>Numeric</td>
<td>Have you experienced feeling anxious, frightened or panicky in the last month?</td>
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<td>NonMoveAwake</td>
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<td>Have you experienced finding it difficult to stay awake during activities such as working, driving or eating in the last month?</td>
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<tr>
<td>NonMoveBowelEmpty</td>
<td>Numeric</td>
<td>Have you experienced feeling that your bowel emptying is incomplete after having been to the toilet in the last month?</td>
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<td>No</td>
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<td>NonMoveConcent</td>
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<td>Have you experienced difficulty concentrating or staying focused in the last month?</td>
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<tr>
<td>NonMoveConstip</td>
<td>Numeric</td>
<td>Have you experienced constipation (less than three bowel movements a week) or having to strain to pass a stool in the last month?</td>
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<tr>
<td>NonMoveDizzy</td>
<td>Numeric</td>
<td>Have you experienced feeling light-headed, dizzy or weak standing from sitting or lying in the last month?</td>
<td></td>
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<td>No</td>
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<tr>
<td>NonMoveDream</td>
<td>Numeric</td>
<td>Have you experienced intense, vivid or frightening dreams in the last month?</td>
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<td>No</td>
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<tr>
<td>NonMoveFall</td>
<td>Numeric</td>
<td>Have you experienced falling in the last month?</td>
<td></td>
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<td>0</td>
<td>No</td>
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<td>Yes</td>
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<tr>
<td>NonMoveFeel</td>
<td>Numeric</td>
<td>Have you experienced feeling sad, 'low' or 'blue' in the last month?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
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<td>Yes</td>
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<tr>
<td>NonMoveForget</td>
<td>Numeric</td>
<td>Have you experienced believing things are happening to you that other people say are not in the last month?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
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<tr>
<td>NonMoveHappen</td>
<td>Numeric</td>
<td>Have you experienced bowel (fecal) incontinence in the last month?</td>
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<tr>
<td>NonMoveIBowelIncon</td>
<td>Numeric</td>
<td>Have you experienced loss of interest in what is happening around you or in doing things in the last month?</td>
<td></td>
<td></td>
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<tr>
<td>NonMoveInterest</td>
<td>Numeric</td>
<td>Have you experienced unpleasant sensations in your legs at night or while resting, and a feeling that you need to move in the last month?</td>
<td></td>
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<tr>
<td>NonMovePain</td>
<td>Numeric</td>
<td>Have you experienced unexplained pains (not due to known conditions such as arthritis) in the last month?</td>
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<tr>
<td>NonMoveSaliva</td>
<td>Numeric</td>
<td>Have you experienced seeing or hearing things that you know or are told are not there in the last month?</td>
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<tr>
<td>NonMoveSens</td>
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<td>Have you experienced feeling less interested in sex or more interested in sex in the last month?</td>
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<td>NonMoveSex</td>
<td>Numeric</td>
<td>Have you experienced finding it difficult to have sex when you try in the last month?</td>
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<td>NonMoveSleep</td>
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<tr>
<td>NonMoveSmell</td>
<td>Numeric</td>
<td>Have you experienced difficulty getting to sleep at night or staying asleep at night in the last month?</td>
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<tr>
<td>NonMoveSwall</td>
<td>Numeric</td>
<td>Have you experienced difficulty swallowing food or drink or problems with choking in the last month?</td>
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<td>NonMoveSweat</td>
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<td>Have you experienced excessive sweating in the last month?</td>
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<td>NonMoveSwell</td>
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<td>Have you experienced swelling of the legs in the last month?</td>
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<td>NonMoveTalk</td>
<td>Numeric</td>
<td>Have you experienced talking or moving about in your sleep, as if you are 'acting out' a dream in the last month?</td>
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<tr>
<td>NonMoveUrine</td>
<td>Numeric</td>
<td>Have you experienced a sense of urgency to pass urine that makes you rush to the toilet in the last month?</td>
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<tr>
<td>NonMoveUrinePM</td>
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<td>Have you experienced getting up regularly at night to pass urine in the last month?</td>
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<tr>
<td>NonMoveVision</td>
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<td>Have you experienced double vision in the last month?</td>
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<tr>
<td>NonMoveVomit</td>
<td>Numeric</td>
<td>Have you experienced vomiting or feelings of sickness (nausea) in the last month?</td>
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<tr>
<td>NonMoveWeight</td>
<td>Numeric</td>
<td>Have you experienced unexplained change in weight (not due to change in diet) in the last month?</td>
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</table>
PASE

**Table Description:** Your Physical Activities (PASE)

**View Source Instrument:** [link](#)

**Details:** Participants first complete this survey one and three months after baseline, and every twelve months thereafter. The instrument is referred to as “Your Physical Activities” in Fox Den and as “Your Physical Activities (PASE)” in the Fox Insight Schedule of Activities.

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<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
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<tbody>
<tr>
<td>HouseCare</td>
<td>Numeric</td>
<td>Household activity: During the past 7 days, did you engage in caring for another person, such as children, dependent, spouse, or another adult?</td>
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<tr>
<td>HouseGarden</td>
<td>Numeric</td>
<td>Household activity: During the past 7 days, did you engage in outdoor gardening?</td>
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<td>Prefer not to answer</td>
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<tr>
<td>HouseHeavy</td>
<td>Numeric</td>
<td>Household activity: During the past 7 days, have you done any heavy housework or chores such as vacuuming, scrubbing floors, washing windows, or carrying wood?</td>
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<tr>
<td>HouseLawn</td>
<td>Numeric</td>
<td>Household activity: During the past 7 days, did you engage in lawn work or yard care, including snow or leaf removal, wood chopping, etc.?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
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<tr>
<td>HouseLight</td>
<td>Numeric</td>
<td>Household activity: During the past 7 days, have you done any light housework, such as dusting or washing dishes?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
<td></td>
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<td></td>
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<td>Prefer not to answer</td>
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<tr>
<td>HouseRepair</td>
<td>Numeric</td>
<td>Household activity: During the past 7 days, did you engage in home repairs like painting, wallpapering, electrical work etc.?</td>
<td></td>
<td></td>
<td>0</td>
<td>No</td>
<td></td>
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<td>Prefer not to answer</td>
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<tr>
<td>LeisureDay</td>
<td>Numeric</td>
<td>Leisure time activity: Over the past 7 days, how often did you participate in activities such as</td>
<td></td>
<td></td>
<td>0</td>
<td>Never</td>
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<td>1</td>
<td>Seldom (1-2 days)</td>
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<td>2</td>
<td>Sometimes (3-4 days)</td>
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<td>reading, watching TV or doing handcrafts?</td>
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<td>3</td>
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<td>Numeric</td>
<td>On average, how many hours per day did you engage in sitting activities?</td>
<td></td>
<td></td>
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<td>Less than 1 hour</td>
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<td></td>
<td>2</td>
<td>1 but less than 2 hours</td>
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<td>3</td>
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<td></td>
<td>4</td>
<td>More than 4 hours</td>
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<tr>
<td>LightSportDay</td>
<td>Numeric</td>
<td>Light sport and recreational activities: Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, gold with a cart, shuffleboard, fishing from a boat or pier or other similar activities?</td>
<td></td>
<td></td>
<td>0</td>
<td>Never</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>1</td>
<td>Seldom (1-2 days)</td>
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<td>Sometimes (3-4 days)</td>
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<td>On average, how many hours per day did you engage in these light sport or recreational activities?</td>
<td></td>
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<td>1</td>
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<td>More than 4 hours</td>
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<tr>
<td>ModSportDay</td>
<td>Numeric</td>
<td>Moderate sport and recreational activities: Over the past 7 days, how often did you engage in moderate sport recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, gold without a care, softball or other similar activities?</td>
<td></td>
<td></td>
<td>0</td>
<td>Never</td>
<td></td>
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</tr>
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<td>ModSportHours</td>
<td>Numeric</td>
<td>On average, how many hours per day did you engage in these moderate sport and recreational activities?</td>
<td></td>
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<td>1</td>
<td>Less than 1 hour</td>
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<td>1 but less than 2 hours</td>
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<td>2-4 hours</td>
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<td>StrenSportDay</td>
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<td>Strenuous sport and recreational activities: Over the past 7 days, how often did you engage in strenuous sport activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross country) or other similar activities?</td>
<td></td>
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<td>StrenSportHours</td>
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<td>On average, how many hours per day did you engage in these strenuous sport and recreational activities?</td>
<td></td>
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<td>3</td>
<td>2-4 hours</td>
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<td></td>
<td>4</td>
<td>More than 4 hours</td>
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<tr>
<td>StrengthDay</td>
<td>Numeric</td>
<td>Muscle strength: Over the past 7 days, how often did you do exercise specifically to</td>
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<td></td>
<td>0</td>
<td>Never</td>
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<td>Strength</td>
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<td>On average, how many hours per day did you engage in exercise to increase muscle strength and endurance?</td>
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<tr>
<td>Walk</td>
<td>Numeric</td>
<td>Walking activities: Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog etc.?</td>
<td></td>
<td></td>
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<td></td>
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<td>Sometimes (3-4 days)</td>
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<td>On average, how</td>
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<tr>
<td></td>
<td></td>
<td>many hours per day did you spend walking</td>
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<td></td>
<td>2</td>
<td>1 but less than 2 hours</td>
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<td>More than 4 hours</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>Numeric</td>
<td>Work-Related Activity: During the past 7 days, did you work for pay or as a volunteer?</td>
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<td></td>
<td>0</td>
<td>No</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td>Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>WorkActive</td>
<td>Numeric</td>
<td>Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?</td>
<td></td>
<td></td>
<td>1</td>
<td>Mainly sitting with slight arm movements (Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.)</td>
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<td>2</td>
<td>Sitting or standing with some walking (Examples: cashier, general office worker, light tool and machinery worker).</td>
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<td></td>
<td>3</td>
<td>Walking with some handling of materials generally weighing less than 50 pounds (Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker).</td>
<td></td>
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<td>4</td>
<td>Walking and heavy manual work often requiring handling of materials weighing over 50 pounds (Examples: lumberjack, stone mason, farm or general laborer).</td>
<td>Fox Insight Data Dictionary (Core SOA) Version 1.0 (08/2021)</td>
</tr>
</tbody>
</table>
PHYSICAL EXPERIENCES

**Table Description:** Your Physical Experiences (EQ-5D-5L)

**View Source Instrument:** [link]

**Details:** This instrument is labeled as “Your Physical Experiences (EQ-5D-5L)” in the Fox Insight Schedule of Activities and as “Your Physical Experiences” in FoxDEN. Participants complete the survey at Baseline, their first Study Visit, and then every six months thereafter. For reading on use of the EQ-5D-5L, please visit: link. For research into validation of the instrument, please visit: link.

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<th>Value</th>
<th>Value Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Numeric</td>
<td>Mobility: Please tick the one box that best describes your health today</td>
<td></td>
<td></td>
<td>0</td>
<td>I have no problems in walking about</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>I have slight problems in walking about</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>I have moderate problems in walking about</td>
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<td>3</td>
<td>I have severe problems in walking about</td>
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<td></td>
<td>4</td>
<td>I am unable to walk about</td>
</tr>
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<td></td>
<td></td>
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<td>5</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Care</td>
<td>Numeric</td>
<td>Self-Care: Please tick the one box that best describes your health today</td>
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<td></td>
<td>0</td>
<td>I have no problems washing or dressing myself</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>1</td>
<td>I have slight problems washing or dressing myself</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>I have moderate problems washing or dressing myself</td>
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<td></td>
<td>3</td>
<td>I have severe problems washing or dressing myself</td>
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<td></td>
<td></td>
<td>4</td>
<td>I am unable to wash or dress myself</td>
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<td></td>
<td>5</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Active</td>
<td>Numeric</td>
<td>Usual activities (e.g. work, study, housework, family or leisure activities): Please tick the one box that best describes your health today</td>
<td></td>
<td></td>
<td>0</td>
<td>I have no problems doing my usual activities</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>1</td>
<td>I have slight problems doing my usual activities</td>
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<td>2</td>
<td>I have moderate problems doing my usual activities</td>
</tr>
<tr>
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<td>I have severe problems doing my usual activities</td>
</tr>
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<td>4</td>
<td>I am unable to do my usual activities</td>
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<tr>
<td>Pain</td>
<td>Numeric</td>
<td>Pain/discomfort: Please tick the one box that best describes your health today</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>I have no pain or discomfort</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>2</td>
<td>I have slight pain or discomfort</td>
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<td>I have extreme pain or discomfort</td>
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<td>Prefer not to answer</td>
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<tr>
<td>Anxious</td>
<td>Numeric</td>
<td>Anxiety/depression: Please tick the one box that best describes your health today</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>I am not anxious or depressed</td>
</tr>
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<td></td>
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<td>2</td>
<td>I am slightly anxious or depressed</td>
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<td>I am moderately anxious or depressed</td>
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<td>I am extremely anxious or depressed</td>
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<td></td>
<td>5</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Today</td>
<td>Numeric</td>
<td>We would like to know how good or bad your health is TODAY. Think about your health on a scale numbered from 0 to 100. Now, please write the number that best represents your health TODAY in the box below.</td>
<td>0-100</td>
<td>0-100</td>
<td>100</td>
<td>means the best health you can imagine. 0 means the worst health you can imagine.</td>
</tr>
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</table>

The ‘value description’ for this question is included as ‘hint text’ to participants when completing this question.
**SLEEP**

**Table Description:** Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q))

**View Source Instrument:** [link]

**Details:** Participants first complete this survey one and six months after baseline, and every twelve months thereafter. The instrument is referred to as “Your Sleep Habits” in Fox Den and as “Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q)” in the Fox Insight Schedule of Activities.

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<tr>
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<th>Sub-Choice-1</th>
<th>Sub-Choice-2</th>
<th>Value</th>
<th>Value Description</th>
<th>Notes/Resources</th>
</tr>
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<tbody>
<tr>
<td>Sleep</td>
<td>Numeric</td>
<td>Have you ever been told, or suspected yourself, that you seem to 'act out your dreams' while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?</td>
<td></td>
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</table>
**SURG HIS (Surg)**

**Table Description:** Your Surgical History

**View Source Instrument:** [link]

**Details:** The instrument is referred to as “Your Surgical History” in Fox Den. This instrument was replaced by “Your Health History” on 10/20/2017.

<table>
<thead>
<tr>
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<th>Notes/Resources</th>
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<td>SurgAdenoid</td>
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<td>Have you had a an adenoid removal?</td>
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<td>SurgAneurClip</td>
<td>Numeric</td>
<td>Have you had an aneurysm clipping?</td>
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<td>Age Text</td>
<td>Participants are presented this question if they answered ‘Yes’ to the question “Have you had an aneurysm clipping?”</td>
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<td>SurgAneurRepair</td>
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<td>Have you had an other aneurysm repair?</td>
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<td>Have you had an aortic aneurysm repair?</td>
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<td>Have you had an appendix removal?</td>
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<td>Prefer not to answer</td>
<td>Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had an other aneurysm repair?’</td>
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<td>SurgBladder</td>
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<td>Have you had bladder surgery?</td>
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<td>Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had an other aneurysm repair?’</td>
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<td>Cancerous tumor removal</td>
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<td>Stone removal</td>
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<td>Bladder prolapse surgery</td>
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<td>Urinary incontinence surgery</td>
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<td>SurgBrainBleed</td>
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<td>Prefer not to answer</td>
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<td>SurgBrainCanc</td>
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<td>Have you had cancerous brain tumor removal?</td>
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<td>SurgBreast</td>
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<td>question if they answered ‘Yes’ to the question ‘Have you had cancerous brain tumor removal?’</td>
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<td>SurgCataract</td>
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<td>Have you had cataract removal?</td>
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<tr>
<td>SurgCerebShun</td>
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<td></td>
<td>Age Text</td>
<td>Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had cerebral shunt insertion?’</td>
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<td>SurgCervical</td>
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<td>Have you had a cervical polyp removal?</td>
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<td>SurgColon</td>
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<td>Have you had a removal of part of the colon?</td>
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<td>SurgColonType</td>
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<td>Have you had a removal of part of the colon?</td>
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<td>Due to diverticulitis</td>
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<td>Due to inflammatory bowel disease (Crohn's, ulcerative colitis)</td>
<td>Participants are presented this question if they answered ‘Yes’ to the question “Have you had a removal of part of the colon?”</td>
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<td>Due to an obstruction</td>
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<td>Participants are presented this question if they answered ‘Yes’ to the question ‘Have you had skin surgery?’</td>
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