1. Month and year diagnosed: _____________ Age at diagnosis: ______

2. Please note the functional stage:
   ___ Stage 1  (unilateral involvement)
   ___ Stage 2  (bilateral involvement but normal stance)
   ___ Stage 3  (bilateral involvement with mild postural imbalance but able to lead an independent life)
   ___ Stage 4  (bilateral involvement with postural instability, requires substantial help)
   ___ Stage 5  (severe disease, restricted to bed or wheelchair)

3. Has there been any progression since diagnosed? ___ Yes ___ No
   If yes, give details and dates:

4. Have any of the following occurred?
   ___ Dementia  ___ Infections  ___ Memory problems
   ___ Falls  ___ Aspiration  ___ Injuries
   ___ Depression
   If checked any, give details and dates:

5. What medications do you take, reason, dosage and how often?

6. How often do you see your doctor?
   _____Every six months    _____Every 12 months    _____Other (explain):
7. Has your weight remained stable in the past year?  ___Yes  ___ No
   If no: Lost ______ pounds OR Gained ______ pounds

8. Please indicate type of tobacco EVER used:
   Type:                   Amount per (circle frequency):   Date last used:    Still use?
   ___Smokeless    ___daily/monthly/yearly      _________    ___Yes  ___ No
   ___Cigarettes   ___per day/month/year      _________    ___Yes  ___ No
   ___Cigar        ___per day/month/year      _________    ___Yes  ___ No
   ___Patch/Gum    ___per day/month/year      _________    ___Yes  ___ No