1. Have you ever received an influenza vaccination?

[ ]  Yes [ ]  No (Skip to question 3) [ ]  Unknown

* 1. If YES, at what age did you receive the first influenza vaccination? years
1. Since your first vaccination, how often do you receive the influenza vaccine?

[ ]  Every year or almost every year

[ ]  Every 2 to 3 years

[ ]  Every 4 to 5 years

[ ]  Less frequently than every 5 years

1. Have you ever had pneumonia that was diagnosed by a physician?

[ ]  Yes [ ]  No (Skip to question 4) [ ]  Unknown

**For each episode of pneumonia, please provide the approximate age at the time of the episode and whether you were hospitalized in the table below.**

| **Pneumonia episode** | **Age at the time of pneumonia** | **Hospitalized** |
| --- | --- | --- |
| Data to be filled in by site | Data to be filled in by site | [ ]  Yes [ ]  No [ ]  Unknown |
| Data to be filled in by site | Data to be filled in by site | [ ]  Yes [ ]  No [ ]  Unknown |
| Data to be filled in by site | Data to be filled in by site | [ ]  Yes [ ]  No [ ]  Unknown |
| Data to be filled in by site | Data to be filled in by site | [ ]  Yes [ ]  No [ ]  Unknown |
| Data to be filled in by site | Data to be filled in by site | [ ]  Yes [ ]  No [ ]  Unknown |

1. Have you ever had meningitis or encephalitis (brain infection) that was diagnosed by a physician?

[ ]  Yes [ ]  No (End questionnaire) [ ]  Unknown

* 1. Please note which condition was diagnosed:

[ ]  Meningitis (including “spinal meningitis”)

[ ]  Encephalitis

[ ]  Both (including “meningoencephalitis”)

[ ]  Not sure if diagnosis was meningitis or encephalitis

**In the below table please provide your approximate age at the time of the episode and whether you were hospitalized.**

| **Meningitis/ Encephalitis episode** | **Age at the time of meningitis/ encephalitis** | **Hospitalized** |
| --- | --- | --- |
| Data to be filled in by site | Data to be filled in by site | [ ]  Yes [ ]  No [ ]  Unknown |
| Data to be filled in by site | Data to be filled in by site | **[ ]** Yes [ ]  No [ ]  Unknown |

General Instructions

This CRF contains data that is to be collected when studying infection history.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for all Parkinson’s disease clinical studies to collect). All data elements are classified as Supplemental (i.e., non-Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.