

# Registration

## QUESTION 1

**Input Type: Text**

**Validations: Email format, Email not already in system**

**Welcome! Let's Begin**

**Connect With Fox Insight**

Please provide an email address to stay connected with Fox Insight. Our virtual study coordinator, Sally, will send you occasional reminders about upcoming study visits and new initiatives.

We recommend using a personal email account as opposed to a shared account.

**Email**

## QUESTION 2

**Input Type: Text**

**Validations: Password is 8+ characters, has at least one number, one uppercase letter, password is not blank**

**Please create a password**

Your password will need to be a minimum of 8 characters and should include at least one number, one uppercase letter, and one lowercase letter.

**Password**

**Show**

Password verification is not required. Click "show" above to verify the password you typed is correct.

## QUESTION 3

**Input Type: Text, Text**

**Validations: First name present, last name present**

**\*What is your Name?**

1. First Name
2. Last Name

## QUESTION 4

**Input Type: Date**

**Validations: Date of birth present, is a valid date, is more than 18 years ago, and is less than 150 years ago**

**\*What is your date of birth?**

**Month**

MM

**Day**

DD

**Year**

YYYY

## QUESTION 5

**Input Type:** Dropdown, Text

**Validations:** Country present, has county if Ireland was chosen as country, has zipcode if Ireland wasn't chosen as country, and that user doesn't have both a zipcode and a county

**\*What is your Location?**

Country

Postal Code

## QUESTION 6

**Input Type:** Radio

**Validations:** Answer present

**\*Would you like to receive occasional emails from the Michael J. Fox Foundation?**

1. Yes
2. No

## QUESTION 7

**Input Type:** Agree to Terms Checkbox

**Validations:** Answer present, answer checked true

**Fox Insight Information Sheet and Terms & Conditions**

As with traditional trials, we require that you agree to our Information Sheet and Terms & Conditions. This includes details about the type of data we collect and how we use it for research. Rest assured, all your personal data will be kept secure.

**Print**

{ Terms and Conditions here }

**By checking the box, I affirm that I have reviewed the Fox Insight Information Sheet and Fox Insight Terms and Conditions, that I understand them, and that I consent to participate in the Fox Insight clinical trial and agree to the Fox Insight Terms and Conditions, which governs use of this website.**

## QUESTION 8

**Input Type:** Radio

**Validations:** Answer present

**\*Do you currently have a diagnosis of Parkinson's disease, or parkinsonism, by a physician or other health care professional?**

1. Yes
2. No

## **QUESTION 8 CHILD QUESTION - IF ANSWERED YES**

**Input Type: Date**

**Validations: Diagnosis date present, date is a valid date, date is in the past, date is after date of birth, and that no Parkinson's connections are chosen.**

**\*When were you first diagnosed with Parkinson's Disease, or parkinsonism (to the best of your memory)?**

**Month**

MM

**Year**

YYYY

## **QUESTION 8 CHILD QUESTION - IF ANSWERED YES**

**Input Type: Multiselect**

**Validations: At least one diagnosis source is chosen and no Parkinson's connections are chosen.**

**\*Please tell us who you received your diagnosis from.**

1. Primary care physician (such as a general practitioner, family physician or internist)
2. A general neurologist
3. A neurologist specializing in movement disorders (i.e., "movement disorder specialist")
4. Other type of physician or health care professional

## **QUESTION 8 CHILD QUESTION - IF ANSWERED NO**

**Input Type: Multiselect**

**Validations: At least one Parkinson's connection chosen, no diagnosis sources are chosen, and that the diagnosis date is empty**

**\*What is your connection to Parkinson's disease?**

1. I am a first degree relative of someone with Parkinson's disease (parent, sibling, or child).
2. I am a second degree relative of someone with Parkinson's disease (grandparents, grandchildren, aunts, uncles, nephews, nieces, or half-siblings).
3. My spouse or partner has Parkinson's disease.
4. I am friends with someone with Parkinson's disease.
5. I am a caregiver of someone with Parkinson's disease.
6. I was previously diagnosed with Parkinson's disease but this has been changed by a healthcare professional.
7. I have a genetic mutation associated with PD but have not been diagnosed with PD.
8. My work relates to Parkinson's disease.
9. I do not know anyone with Parkinson's disease but I want to participate in research.
10. I have no other connection to Parkinson's disease.
11. Other

## **QUESTION 9**

**Input Type: Radio**

**Validations: At least one referral source is chosen**

**\*How did you hear about the Fox Insight study?**

1. A doctor or other medical professional
2. An advocacy and/or PD organization
3. A PD support group
4. A family member or friend
5. Another Fox Insight participant
6. A web-based clinical trials directory
7. A print newspaper, newsletter or magazine
8. Radio or TV
9. Online
10. An in-person PD event
11. A Michael J. Fox Foundation email
12. Other

## **QUESTION 9 CHILD QUESTION - IF ANSWERED DOCTOR OR OTHER MEDICAL PROFESSIONAL**

**Input Type: Radio**

**Validations: Referral source detail present**

**What type of medical professional told you about Fox Insight?**

1. Primary care provider
2. A general neurologist
3. A neurologist specializing in movement disorders (i.e., a movement disorder specialist)
4. Another type of physician or healthcare professional

## **QUESTION 9 CHILD QUESTION - IF ANSWERED ADVOCACY OR PD ORGANIZATION**

**Input Type: Radio**

**Validations: Referral source detail present**

**Through what advocacy or PD organization did you learn about Fox Insight?**

1. The Michael J. Fox Foundation
2. Other

## **QUESTION 9 CHILD QUESTION - IF ANSWERED WEB-BASED CLINICAL TRIALS DIRECTORY**

**Input Type: Radio**

**Validations: Referral source detail present**

**Through what web-based clinical trials directory did you learn about Fox Insight?**

1. Fox Trial Finder
2. ClinicalTrials.gov
3. PDTrials.org
4. Other

## **QUESTION 9 CHILD QUESTION - IF ANSWERED PRINT NEWSPAPER**

**Input Type: Radio**

**Validations: Referral source detail present**

**Through what type of print source did you learn about Fox Insight?**

1. A print newspaper ad
2. A print newspaper article
3. A print newsletter ad
4. A print newsletter article
5. A print magazine ad
6. A print magazine article

## **QUESTION 9 CHILD QUESTION - IF ANSWERED ONLINE**

**Input Type: Radio**

**Validations: Referral source detail present**

**Where did you learn about Fox Insight online?**

1. A Facebook post or ad
2. The Fox Insight website
3. The Michael J. Fox Foundation website
4. An internet search (i.e., Google or Bing)
5. The 23andMe website
6. Another social media post or ad (i.e., Instagram, Twitter, etc.)

## **QUESTION 9 CHILD QUESTION - IF ANSWERED IN-PERSON PD EVENT**

**Input Type: Radio**

**Validations: Referral source detail present**

**At what kind of PD event did you hear about Fox Insight?**

1. A Michael J. Fox Foundation event
2. Other