

Healthy Control Schedule of Activities (Years 0 - 5)

Visit Number		Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	#Event Driven Modified Visit
Assessment	**Timepoint	-60 days	0	6 mths	12 (Y1)	18 mths	24 (Y2)	30 mths	36 (Y3)	42 mths	48 (Y4)	54 mths	60 (Y5)	--
Consent Activities														
Documentation of Informed Consent		X	As Needed											
Continuing Consent					X		X		X		X		X	
Research Proxy Designation		X	As Needed											
Consent to share contact information		X	As Needed											
Informed Consent Tracking Log		X	As Needed											
General Activities														
Demographics		X												
Family History		X												
Socio-Economics		X												
Physical Examination		I												
myPPMI Registration ^S		X	As Needed											
Vital Signs (Height and Weight BL + Annually)		X	X	X	X	X	X		X		X		X	
Review Inclusion/Exclusion Criteria		I	I											
Visit Status		X	X	X	X	X	X	X	X	X	X	X	X	
Screen Fail		As Needed												
Conclusion of Study Participation			As Needed											
Neurological/Motor Assessments														
Participant Motor Function Questionnaire			P		P		P		P		P		P	
Freezing and Falls			X		X		X		X		X		X	
Neurological Examination		I			I		I		I		I		I	
MDS-UPDRS Part Ia			I	I	I	I	I		I		I		I	
MDS-UPDRS Part Ib and Part II			P	P	P	P	P	P	P	P	P	P	P	
MDS-UPDRS Part III Treatment Determination/Motor Exam/Hoehn & Yahr ^a			I	I	I	I	I		I		I		I	
Modified Schwab & England ADL			I	I	I	I	I		I		I		I	
Features of Parkinsonism			I	I	I	I	I		I		I		I	
Other Clinical Features			I	I	I	I	I		I		I		I	
Primary Research Diagnosis			I	I	I	I	I		I		I		I	
Clinical Diagnosis			X	X	X	X	X	X	X	X	X	X	X	
Non-Motor Assessments														
REM Sleep Behavior Disorder Screening Questionnaire			P		P		P		P		P		P	
Epworth Sleepiness Scale			P		P		P		P		P		P	
SCOPA-AUT			P		P		P		P		P		P	

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PDAQ-27			P		P		P		P		P		P	
Neuro QoL			P		P		P		P		P		P	
Cognitive Assessments														
Montreal Cognitive Assessment*			X		X		X		X		X		X	
Clock Drawing*			X		X		X		X		X		X	
Lexical Fluency*			X		X		X		X		X		X	
Hopkins Verbal Learning Test-Revised*			X		X		X		X		X		X	
Benton Judgment of Line Orientation*			X		X		X		X		X		X	
Modified Semantic Fluency (Animals only)*			X		X		X		X		X		X	
Letter Number Sequencing*			X		X		X		X		X		X	
Symbol Digit Modalities Test*			X		X		X		X		X		X	
Trail Making Test (A and B)*			X		X		X		X		X		X	
Modified Boston Naming Test*			X		X		X		X		X		X	
Cognitive Change			P	P	P	P	P		P		P		P	
Cognitive Categorization			I		I		I		I		I		I	
Neuropsychological Assessments														
State-Trait Anxiety Inventory for Adults			P		P		P		P		P		P	
Geriatric Depression Scale			P		P		P		P		P		P	
QUIP			P		P		P		P		P		P	
Clinical and Biological Samples														
Clinical Lab blood sample		X												
Coag PT/PTT		X												
Research Biosamples (blood + urine)		X		X	X	X	X		X		X		X	
Lumbar puncture		X			X		X		X		X		X	
Skin biopsy		X ^R	X ^I				X				X			
Imaging Activities														
Pregnancy Test (prior to tracer injection), if applicable			X										X	
Dopamine Imaging			X										X ^P	
CT Scan		X ^K												
MRI		X ^K	X ^I											
Safety and General Health														
# Adverse Events		X	X		X		X		X		X		X	
Adverse Event Telephone Assessment		X	X		X		X		X		X		X	

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Current Medical Conditions Review		X	X	X	X	X	X	X	X	X	X	X	X	
Concomitant Medication Review		X	X	X	X	X	X	X	X	X	X	X	X	
Participation in Other Studies		As Needed												
Report of Pregnancy		As Needed												

I = Investigator (or trained designee) completed assessment

P = Participant completed assessment

X = Investigator or Coordinator completed assessment (or as otherwise delegated)

R0X Visits are conducted remotely (e.g., video, audio)

a = rigidity and postural stability not assessed for Out of Clinic visits

c = Previously enrolled participants transitioning to new database may be asked to have a skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.

H = see protocol section 11 for modification of visit schedule due to New Clinical Diagnosis, Need for PD Therapy or withdrawal from study

j = Do not collect at Baseline Visit if collected at Screening Visit

K = Optional if required by the site for pre-LP imaging.

P = complete as instructed by SMC

I = Investigator (or trained designee) completed assessment

R = Completed at Screening or Baseline based on site preference.

S = Site to inform about myPPMI and assist with registration, if not yet done.

*Completed on paper source first, and then scores entered into EDC.

**Window of +45 days either side of Target Visit Date

Adverse events collected only day of and 2-3 business days post Dopamine Imaging, LP and skin biopsy per protocol.

As needed assessments can be located under the Event Driven category in EDC