Prodromal Schedule of Activities (Years 0 - 5)

Visit Number	Screening	Baseline (BL)	R01	V04	R04	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	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	
Review Inclusion/Exclusion Criteria	I	I											
Prodromal History	X												
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	
Initiation of Dopaminergic Therapy			X	X	X	X	X	X	X	X	X	X	
MDS-UPDRS Part Ia		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[d,e]		I		I		I		I		I		I	
MDS-UPDRS Repeat Part III/Hoehn & Yahr[d,e]				I		I		I		I		I	
MDS-UPDRS Part IV[b,d]				I		I		I		I		I	
Modified Schwab & England ADL		I		I		I		I		I		I	
Features of Parkinsonism		I		I		I		I		I		I	
Other Clinical Features		I		I		I		I		I		I	
Primary Research Diagnosis		I		I		I		I		I		I	
Clinical Global Impression (CGI)		I		I		I		I		I		I	
Clinical Diagnosis		X	X	X	X	X	X	X	X	X	X	X	
Non-Motor Assessments													

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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)	---
Olfactory Testing (UPSIT)				P		P				P			
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	
Participant Global Impression (PGI)		P		P		P		P		P		P	
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	
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	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		X				X			
Dopamine Imaging		X		X		X				X			
CT Scan	X^{K}												
MRI	X^{K}	X^{i}				X				X			

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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)**	**---**
Safety and General Health														
#Adverse Events		X	X		X		X		X		X		X	
Adverse Event Telephone Assessment		X	X		X		X		X		X		X	
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												
LEDD Concomitant Medication Log		As Needed												
Procedure for PD Log				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)

b=only completed for participants receiving dopaminergic treatment for PD

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

d = Investigator or Coordinator may complete treatment and timing information.

e = If the participant is on levodopa, dopamine agonists, or has had DBS, the MDS-UPDRS Part III should be performed in the OFF and ON state.

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.

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