Prodromal Schedule of Activities (Years 6+)

Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	Annual	Remote	††Event Driven Modified Visit
Assessment ****Timepoint**	**66 mths**	**72 (Y6)**	**78 mths**	**84 (Y7)**	**90 mths**	**96 (Y8)**	**102 mths**	**108 (Y9)**	**114 mths**	**120 (Y10)**	**126 mths**	**132 (Y11)**	**138 mths**	**144 (Y12)**	**150 mths**	**156+ (Y13+)**	**162 mths+**	---
Consent Activities																		
Documentation of Informed Consent	As Needed																	
Continuing Consent		X		X		X		X		X		X		X		X		
Consent to share contact information	As Needed																	
Research Proxy Designation	As Needed																	
Informed Consent Tracking Log	As Needed																	
General Activities																		
myPPMI Registration[S]	As Needed																	
Vital Signs + Height and Weight		X		X		X		X		X		X		X		X		
Visit Status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Conclusion of Study Participation	As Needed																	
Neurological/Motor Assessments																		
Participant Motor Function Questionnaire		P		P		P		P		P		P		P		P		
Freezing and Falls		X		X		X		X		X		X		X		X		
Neurological Examination		I		I		I		I		I		I		I		I		
Initiation of Dopaminergic Therapy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
MDS-UPDRS Part Ia		I		I		I		I		I		I		I		I		
MDS-UPDRS Part III Treatment Determination/Motor Exam/Hoehn & Yahr[d,e]		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	P	P	P	P	P	P	
MDS-UPDRS Repeat Part III/Hoehn & Yahr[d,e]		I		I		I		I		I		I		I		I		
MDS-UPDRS Part IV[d]		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 Global Impression (CGI)		I		I		I		I		I		I		I		I		
Clinical Diagnosis	X	X	X	X	X	X	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		P		P		
Epworth Sleepiness Scale		P		P		P		P		P		P		P		P		
SCOPA-AUT		P		P		P		P		P		P		P		P		
Participant Global Impression (PGI)		P		P		P		P		P		P		P		P		
PDAQ-27		P		P		P		P		P		P		P		P		
Neuro QoL		P		P		P		P		P		P		P		P		
Cognitive Assessments																		
Montreal Cognitive Assessment*		X		X		X		X		X		X		X		X		
Clock Drawing*		X		X		X		X		X		X		X		X		
Lexical Fluency*		X		X		X		X		X		X		X		X		
Hopkins Verbal Learning Test-Revised*		X		X		X		X		X		X		X		X		
Benton Judgment of Line Orientation*		X		X		X		X		X		X		X		X		
Modified Semantic Fluency (Animals only)*		X		X		X		X		X		X		X		X		
Letter Number Sequencing*		X		X		X		X		X		X		X		X		
Symbol Digit Modalities Test*		X		X		X		X		X		X		X		X		
Trail Making Test (A and B)*		X		X		X		X		X		X		X		X		

Prodromal Schedule of Activities (Years 6+)

Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	Annual	Remote	[H]Event Driven Modified Visit
Assessment / **[**]Timepoint	**66 mths**	**72 (Y6)**	**78 mths**	**84 (Y7)**	**90 mths**	**96 (Y8)**	**102 mths**	**108 (Y9)**	**114 mths**	**120 (Y10)**	**126 mths**	**132 (Y11)**	**138 mths**	**144 (Y12)**	**150 mths**	**156+ (Y13+)**	**162 mths+**	---
Modified Boston Naming Test*		X		X		X		X		X		X		X		X		
Cognitive Change		P		P		P		P		P		P		P		P		
Cognitive Categorization		I		I		I		I		I		I		I		I		
Neuropsychological Assessments																		
State-Trait Anxiety Inventory for Adults		P		P		P		P		P		P		P		P		
Geriatric Depression Scale		P		P		P		P		P		P		P		P		
QUIP		P		P		P		P		P		P		P		P		
Clinical and Biological Samples																		
Research Biosamples (blood + urine)		X		X		X		X		X		X		X		X		
Lumbar puncture				X				X				X				X[L]		
Skin biopsy				X														
Imaging Activities																		
Pregnancy Test (prior to tracer injection), if applicable		X				X				X								
Dopamine Imaging		X				X				X								
MRI		X				X				X								
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	X	X	X	X	X	
Concomitant Medication Review	X	X	X	X	X	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)

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

L= Cadence should continue to follow every 2 years.

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

*Completed on paper source first, and then scores entered in to 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