# Parkinson's Disease and PD Genetic Schedule of Activities (Years 0 - 5)

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	Unsched	<sup>b</sup> Transition Activities
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 Conser	nt	Ι							[						Ι
Continuing Consent					Х		Х		х		х		х		
Research Proxy Designation		Ι						As N	eeded						Х
Consent to share contact informatio	n	Х						As N	eeded						Х
Informed Consent Tracking Log		Х						As N	eeded						Х
General Activities															
Demographics		Х													Х
Family History		Х													Х
Socio-Economics		Х													Х
Physical Examination		Х													
Vital Signs (Height and Weight BL	+ Annually)	Х	Х	Х	Х	х	Х		х		х		х	х	
Review Inclusion/Exclusion Criteria	a	Ι	Ι												
Visit Status		Х	Х	Х	Х	Х	Х	х	х	х	х	Х	х	х	
Screen Fail		As N	eeded												As Needed
Conclusion of Study Participation									As Nee	eded					
Neurological/Motor Assessments															
Participant Motor Function Questio	nnaire		Р		Р		Р		Р		Р		Р		
Freezing and Falls			Х		х		Х		х		х		х		
PD Diagnosis History		Ι													
Neurological Examination		Ι			Ι		Ι		Ι		Ι		Ι	I	
MDS-UPDRS Part Ia, Part III and F	Ioehn & Yahr		Ι	Ι	Ι	Ι	Ι	aI	Ι	aI	Ι	aI	Ι		
MDS-UPDRS Part Ib and Part II			Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р		
Modified Schwab & England ADL			Ι	Ι	Ι	Ι	Ι	I	Ι	Ι	Ι	Ι	Ι		
MDS-UPDRS Part IV				Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
MDS-UPDRS ON/OFF Determinat	ion & Dosing			Х	х	х	Х		х		х		х		
MDS-UPDRS Repeat Part III/Hoeh	n & Yahr			Ι	Ι	Ι	Ι		Ι		Ι		Ι		
Features of Parkinsonism			Ι	Ι	Ι	Ι	Ι	I	Ι	Ι	Ι	Ι	Ι		
Other Clinical Features			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	I	Ι	I		
Primary Clinical Diagnosis			Ι	Ι	Ι	Ι	Ι	I	Ι	Ι	Ι	Ι	Ι		
Non-Motor Assessments									<u> </u>						
Olfactory Testing (UPSIT)			Р						<b>I</b>						
REM Sleep Behavior Disorder Scre	ening Questionnaire		Р		Р		Р		Р		Р		Р		
Epworth Sleepiness Scale			Р		Р		Р		Р		Р		Р		
SCOPA-AUT			Р		Р		Р		Р		Р		Р		
Neuro QoL			Р		Р		Р		Р		Р		Р		
Cognitive Assessments															
Montreal Cognitive Assessment		Х			Х		Х		х		Х		Х		
Clock Drawing		Х			Х		Х		х		х		х		
Lexical Fluency			Х		Х		Х		х		х		х		
Hopkins Verbal Learning Test-Revi	ised		х	-	Х		Х		х		х		х		

#### Parkinson's Disease and PD Genetic Schedule of Activities (Years 0 - 5)

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	Unsched	<sup>b</sup> Transition Activities
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)		
Benton Judgment of Line Orientation	on		Х		Х		Х		Х		Х		Х		
Semantic Fluency (Animals only)			Х		Х		Х		Х		х		Х		
Letter Number Sequencing			Х		Х		Х		Х		х		Х		
Symbol Digit Modalities Test			Х		Х		Х		Х		х		Х		
Trail Making Test (A and B)			Х		Х		Х		Х		х		Х		
Modified Boston Naming Test			Х		Х		Х		Х		Х		Х		
Cognitive Change			Р	Р	Р	Р	Р		Р		Р		Р		
Cognitive Categorization			Ι		Ι		Ι		Ι		Ι		Ι		
Neuropsychological Assessments															
State-Trait Anxiety Inventory for A	dults		Р		Р		Р		Р		Р		Р		
Geriatric Depression Scale			Р		Р		Р		Р		Р		Р		
QUIP			Р		Р		Р		Р		Р		Р		
Clinical and Biological Samples															
Clinical Lab blood sample		Х												Х	
Research samples (blood + urine)			Х	Х	Х	Х	Х		Х		х		Х		
Lumbar puncture			Х		Х		Х		Х		х		Х		
Skin biopsy			Х				Х				Х				X <sup>c</sup>
Imaging Activities								•	•	•	•	•			
Pregnancy Test (prior to Datscan injection), if appli	cable	Х			Х		Х				х				
DaTscan Imaging		Х			Х		Х				х				
MRI			Х		Х		Х				х				
Safety and General Health															
#Adverse Events		Х	Х		Х		Х		Х		Х		Х	Х	
Adverse Event Telephone Assessm	ent	Х	Х		Х		Х		Х		Х		Х		
Current Medical Conditions Review	v	Х	Х	Х	Х	Х	Х	Х	Х	Х	х	Х	Х	Х	
Concomitant Medication Review		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
LEDD Concomitant Medication Lo	g	Х	Х	Х	Х	Х	Х	х	х	х	Х	х	х	Х	
Surgery for PD Log									As Nee	eded					
Report of Pregnancy								As	Needed						
I - I															

I = Investigator completed assessment

P = Participant completed assessment

 $\mathbf{X} = \mathbf{Investigator} \text{ or Coordinator completed assessment}$  (or as otherwise delegated)

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

a = rigidity and postural stability will not be assessed for Remote visits; Part III and Hoehn & Yahr not done if phone/audio only

b = Transition Activities completed for all 1.0 participants transitioning into 2.0 at first 2.0 visit only

c = Participants transitioning from 1.0 may be asked to have one biopsy at an in person visit. If not done at first visit, may be conducted at a subsequent in person visit.

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

#Adverse events collected only day of and 2-3 days post DaTscan, LP and skin biopsy per protocol.

### Parkinson's Disease and PD Genetic Schedule of Activities (Years 6-13)

	Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	V20	Unsched	<sup>b</sup> Transition Activities
Assessment	**Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mth	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156 (Y13)		
Consent Activities																			
Documentation of Informed Consent		l –																	Ι
Continuing Consent			х		х		х		Х		Х		Х		Х		Х		
Consent to share contact information											As Need	ded							
Research Proxy Designation										A	As Neede	ed (I)							
Informed Consent Tracking Log											As Need	led							
General Activities		<u>I</u>																	
Demographics		1																	Х
Family History			-																X
Socio-Economics			-																X
Vital Signs + Height and Weight			х		Х		Х		х		Х		х		х		х	х	
Visit Status		Х	x	Х	X	Х	X	Х	X	Х	X	х	X	х	X	Х	X	x	
Screen Fail																			As Needed
Conclusion of Study Participation										As Nee	ded								
Neurological/Motor Assessments		<u> </u>																	
Participant Motor Function Questionnaire	;	l –	Р		Р		Р		Р		Р		Р		Р		Р		
Freezing and Falls			х		Х		х		Х		Х		Х		Х		Х		
Neurological Examination			Ι		Ι		I		I		Ι		Ι		I		I	I	
MDS-UPDRS Part Ia, Part III and Hoehn	& Yahr	aI	Ι	aI	Ι	<sup>a</sup> I	I	aI	I	<sup>a</sup> I	Ι	aI	Ι	aI	I	aI	I		
MDS-UPDRS Part Ib and Part II		Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р		
Modified Schwab & England ADL		I	Ι	Ι	I	Ι	I	I	I	I	I	I	I	Ι	I	I	I		
MDS-UPDRS Part IV		I	I	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	I	Ι	Ι	Ι	Ι	Ι		
MDS-UPDRS ON/OFF Determination &	Dosing		Х		Х		Х		Х		Х		Х		Х		Х		
MDS-UPDRS Repeat Part III/Hoehn & Y	ahr		Ι		Ι		Ι		Ι		Ι		Ι		Ι		Ι		
Features of Parkinsonism			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Other Clinical Features			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Primary Clinical Diagnosis		Ι	Ι	Ι	Ι	Ι	Ι	I	I	I	Ι	I	Ι	Ι	I	Ι	I		
Non-Motor Assessments																			
REM Sleep Behavior Disorder Screening	Questionnaire	[	Р		Р		Р		Р		Р		Р		Р		Р		
Epworth Sleepiness Scale			Р		Р		Р		Р		Р		Р		Р		Р		
SCOPA-AUT			Р		Р		Р		Р		Р		Р		Р		Р		
Neuro QoL			Р		Р		Р		Р		Р		Р		Р		Р		
Cognitive Assessments				<u> </u>															
Montreal Cognitive Assessment			Х		Х		Х		Х		Х		Х		Х		Х		
Clock Drawing			Х		Х		Х		Х		Х		Х		х		х		
Lexical Fluency		Ì	Х		Х		Х		Х		Х		Х		Х		Х		
Hopkins Verbal Learning Test-Revised			Х		Х		Х		Х		Х		Х		Х		Х		
Benton Judgment of Line Orientation		Ì	Х		Х		Х		Х		Х		Х		Х		Х		
Semantic Fluency (Animals only)			х		Х		Х		Х		Х		Х		Х		Х		
Letter Number Sequencing			х		Х		Х		Х		Х		Х		Х		Х		
Symbol Digit Modalities Test		Ì	Х		Х		Х		Х		Х		Х		Х		Х		
Trail Making Test (A and B)			Х		Х		Х		Х		Х		Х		Х		Х		
Modified Boston Naming Test		Ì	Х		Х		Х		Х		Х		Х		Х		Х		
				1					n				_				_		
Cognitive Change			Р		Р		Р		Р		Р		Р		Р		Р		

#### Parkinson's Disease and PD Genetic Schedule of Activities (Years 6-13)

	Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	V20	Unsched	<sup>b</sup> Transition Activities
Assessment	**Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mth	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156 (Y13)		
Neuropsychological Assessments																			
State-Trait Anxiety Inventory for A	dults		Р		Р		Р		Р		Р		Р		Р		Р		
Geriatric Depression Scale			Р		Р		Р		Р		Р		Р		Р		Р		
QUIP			Р		Р		Р		Р		Р		Р		Р		Р		
Clinical and Biological Samples																			
Clinical Lab blood sample																		Х	
Research samples (blood + urine)			Х		Х		Х		Х		Х		Х		Х		Х		
Lumbar puncture					Х				Х				Х				Х		
Skin biopsy																			X <sup>c</sup>
Safety and General Health																			
<sup>#</sup> Adverse Events					Х				Х				Х				Х	Х	
Adverse Event Telephone Assessm	ent				Х				Х				Х				Х		
Current Medical Conditions Review	v	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Concomitant Medication Review		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
LEDD Concomitant Medication Lo	g										As Nee	ded							
Surgery for PD Log											As Nee	ded							
Report of Pregnancy											As Nee	ded							

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# Healthy Control Schedule of Activities (Years 0 - 5)

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	Unsched	<sup>b</sup> Transition Activities
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 Consen	t	Ι													Ι
Continuing Consent					Х		Х		Х		Х		Х		
Research Proxy Designation		Х							As Need	ed (I)					
Consent to share contact information	1	Х						As N	eeded						Х
Informed Consent Tracking Log		Х						As N	eeded						Х
General Activities															
Demographics		Х													Х
Family History		Х													Х
Socio-Economics		Х													Х
Physical Examination		Х													
Vital Signs (Height and Weight BL	+ Annually)	Х	Х	Х	Х	Х	Х		Х		Х		Х	Х	
Review Inclusion/Exclusion Criteria	L	Ι	Ι												
Visit Status		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Screen Fail		As N	eeded												As Needed
Conclusion of Study Participation					-			-	As Nee	ded	_	-	_	-	
Neurological/Motor Assessments															
Participant Motor Function Question	nnaire		Р		Р		Р		Р		Р		Р		
Freezing and Falls			Х		Х		Х		Х		Х		Х		
Neurological Examination		Ι			Ι		Ι		Ι		Ι		Ι	Ι	
MDS-UPDRS Part Ia, Part III and H	oehn & Yahr		Ι	Ι	Ι	Ι	Ι	<sup>a</sup> I	Ι	aI	Ι	<sup>a</sup> I	Ι		
MDS-UPDRS Part Ib and Part II			Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р		
Modified Schwab & England ADL			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Features of Parkinsonism			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Other Clinical Features			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Primary Clinical Diagnosis			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Non-Motor Assessments									<u> </u>	<u> </u>		<u> </u>			
Olfactory Testing (UPSIT)			Р												
REM Sleep Behavior Disorder Scree	ening Questionnaire		Р		Р		Р		Р		Р		Р		
Epworth Sleepiness Scale			Р		Р		Р		Р		Р		Р		
SCOPA-AUT			Р		Р		Р		Р		Р		Р		
Neuro QoL			Р		Р		Р		Р		Р		Р		
Cognitive Assessments															
Montreal Cognitive Assessment		Х			Х		Х		Х		Х		Х		
Clock Drawing		Х			Х		Х		Х		Х		Х		
Lexical Fluency			Х		Х		Х		Х		Х		Х		
Hopkins Verbal Learning Test-Revi	sed		Х		Х		Х		Х		Х		Х		

## Healthy Control Schedule of Activities (Years 0 - 5)

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	90A	R06	807	R08	V10	R10	V12	Unsched	<sup>b</sup> Transition Activities
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)		
Benton Judgment of Line Orientatio	n		Х		Х		Х		Х		Х		Х		
Semantic Fluency (Animals only)			Х		Х		Х		Х		Х		Х		
Letter Number Sequencing			Х		Х		Х		Х		Х		Х		
Symbol Digit Modalities Test			Х		Х		Х		Х		Х		Х		
Trail Making Test (A and B)			Х		Х		Х		Х		Х		Х		
Modified Boston Naming Test			Х		Х		Х		Х		Х		Х		
Cognitive Change			Р	Р	Р	Р	Р		Р		Р		Р		
Cognitive Categorization			Ι		Ι		Ι		Ι		Ι		Ι		
Neuropsychological Assessments															
State-Trait Anxiety Inventory for A	dults		Р		Р		Р		Р		Р		Р		
Geriatric Depression Scale			Р		Р		Р		Р		Р		Р		
QUIP			Р		Р		Р		Р		Р		Р		
Clinical and Biological Samples								•	•		•				
Clinical Lab blood sample		Х												Х	
Research samples (blood + urine)			Х	Х	Х	Х	Х		Х		Х		Х		
Lumbar puncture			Х		Х		Х		Х		Х		Х		
Skin biopsy			Х				Х				Х				X <sup>c</sup>
Imaging Activities								•	•		•	•			
Pregnancy Test (prior to DaTscan injection), if appli	icable	Х													
DaTscan Imaging		Х													
MRI			Х												
Safety and General Health															
#Adverse Events		Х	Х		Х		Х		Х		Х		Х	Х	
Adverse Event Telephone Assessme	ent	Х	Х		Х		Х		Х		Х		Х		
Current Medical Conditions Review	,	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Concomitant Medication Review		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Report of Pregnancy								As	Needed						
I — I															

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### Healthy Control Schedule of Activities (Years 6-13)

	Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	V20	Unsched	<sup>b</sup> Transition Activities
Assessment	**Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mth	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156 (Y13)		
Consent Activities		intiis	(10)	intiis	(17)	intitis	(10)	intiis	(1))	intii	(110)	intiis	(11)	intiis	(112)	intilis	(113)		
Documentation of Informed Conser	nt				<u> </u>														Ι
Continuing Consent	-		х		х		х		Х		х		х		х		х		-
Consent to share contact informatio	n										As Need	led							·
Research Proxy Designation											s Neede								
Informed Consent Tracking Log											As Need	led							
General Activities																			
Demographics					<u> </u>														х
Family History																			X
Socio-Economics																			X
Vital Signs + Height and Weight			Х		х		х		Х		Х		х		Х		Х	Х	~
Visit Status		Х	X	х	X	х	X	Х	Х	Х	X	Х	X	Х	X	Х	Х	Х	
Screen Fail		л	~	Λ	^^	~	~	Λ	~	Λ	~	^	~	~	~	~	Λ	Λ	As Needed
Conclusion of Study Participation										As Nee	ded								. is needed
Neurological/Motor Assessments																			
Participant Motor Function Questio	nnaire		Р		Р		Р		Р		Р		Р		Р		Р		
Freezing and Falls			X		x		x		X		x		X		X		X		
Neurological Examination			I		I		I		I		I		I		I		I	Ι	
MDS-UPDRS Part Ia, Part III and H	Hoehn & Yahr	aI	I	aI	I	<sup>a</sup> I	I	aI	I	<sup>a</sup> I	I	<sup>a</sup> I	I	aI	I	<sup>a</sup> I	I	-	
MDS-UPDRS Part Ib and Part II		Р	Р	P	Р	P	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р		
Modified Schwab & England ADL		Ι	Ι	Ι	I	I	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Features of Parkinsonism			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Other Clinical Features			I	Ι	Ι	Ι	Ι	I	I	I	I	I	Ι	Ι	I	I	I		
Primary Clinical Diagnosis		Ι	I	Ι	Ι	I	I	Ι	I	I	I	I	Ι	Ι	Ι	I	I		
Non-Motor Assessments																			
REM Sleep Behavior Disorder Scre	eening Questionnaire		Р		Р		Р		Р		Р		Р		Р		Р		
Epworth Sleepiness Scale			Р		Р		Р		Р		Р		Р		Р		Р		
SCOPA-AUT			Р		Р		Р		Р		Р		Р		Р		Р		
Neuro QoL			Р		Р		Р		Р		Р		Р		Р		Р		
Cognitive Assessments																			
Montreal Cognitive Assessment			Х		Х		Х		Х		Х		Х		Х		Х		
Clock Drawing			Х		Х		Х		Х		Х		Х		Х		Х		
Lexical Fluency			Х		Х		Х		Х		Х		Х		Х		Х		
Hopkins Verbal Learning Test-Rev	ised		Х		Х		Х		Х		х		Х		Х		Х		
Benton Judgment of Line Orientation	on		Х		Х		Х		Х		Х		Х		Х		Х		
Semantic Fluency (Animals only)			Х		Х		Х		Х		Х		Х		Х		Х		
Letter Number Sequencing			Х		Х		Х		Х		Х		Х		Х		Х		
Symbol Digit Modalities Test			Х		Х		Х		Х		Х		Х		Х		Х		
Trail Making Test (A and B)			Х		Х		Х		Х		Х		Х		Х		Х		
Modified Boston Naming Test			Х		Х		Х		Х		Х		Х		Х		Х		
Cognitive Change			Р		Р		Р		Р		Р		Р		Р		Р		
Cognitive Categorization			Ι		Ι		Ι		Ι		Ι		Ι		Ι		Ι		
Neuropsychological Assessments																			
State-Trait Anxiety Inventory for A	dults		Р		Р		Р		Р		Р		Р		Р		Р		

#### Healthy Control Schedule of Activities (Years 6-13)

	Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	V20	Unsched	<sup>b</sup> Transition Activities
Assessment	**Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mth	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156 (Y13)		
Geriatric Depression Scale			Р		Р		Р		Р		Р		Р		Р		Р		
QUIP			Р		Р		Р		Р		Р		Р		Р		Р		
Clinical and Biological Samples																			
Clinical Lab blood sample																		Х	
Research samples (blood + urine)			Х		Х		Х		Х		Х		Х		Х		Х		
Lumbar puncture					Х				Х				Х				Х		
Skin biopsy																			X <sup>c</sup>
Safety and General Health																			
#Adverse Events					Х				Х				Х				Х	Х	
Adverse Event Telephone Assessmer	nt				Х				Х				Х				Х		
Current Medical Conditions Review		Х	Х	Х	Х	х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Concomitant Medication Review		Х	Х	Х	Х	х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Report of Pregnancy											As Need	led							

I = Investigator completed assessment

P = Participant completed assessment

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

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c = Participants transitioning from 1.0 may be asked to have one biopsy at an in person visit. If not done at first visit, may be conducted at a subsequent in person visit.

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

#Adverse events collected only day of and 2-3 days post LP and skin biopsy per protocol.

# Prodromal Schedule of Activities (Years 0 - 5)

	Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	706	R06	V08	R08	V10	R10	V12	Unsched	<sup>b</sup> Transition Activities
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 Screening DaTsc	can Consent	Ι													
Documentation of Informed Conser	nt		Ι												Ι
Continuing Consent					Х		Х		Х		х		х		
Research Proxy Designation			Ι					A	s Neede	ed					Х
Consent to share contact information	n		Х					A	s Neede	ed					Х
Informed Consent Tracking Log		Х	х					A	s Neede	ed					
General Activities															
Demographics			Х												Х
Family History			Х												Х
Socio-Economics			Х												Х
Physical Examination			х												
Vital Signs (Height and Weight BL	+ Annually)		Х		Х		Х		Х		Х		Х	Х	
Review Inclusion/Exclusion Criteri	a	Ι	Ι												
Visit Status		Х	х	Х	Х	Х	х	х	Х	х	х	х	х	х	
Screen Fail		As N	eeded												As Needed
Conclusion of Study Participation								As N	eeded						
Neurological/Motor Assessments			•												
Participant Motor Function Questio	onnaire		Р		Р		Р		Р		Р		Р		
Freezing and Falls			Х		Х		Х		Х		х		Х		
Neurological Examination			Ι		Ι		Ι		Ι		Ι		Ι	Ι	
MDS-UPDRS Part Ia, Part III and H	Hoehn & Yahr		Ι	<sup>a</sup> I	Ι	<sup>a</sup> I	Ι	<sup>a</sup> I	Ι	<sup>a</sup> I	Ι	<sup>a</sup> I	Ι		
MDS-UPDRS Part Ib and Part II			Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р		
Modified Schwab & England ADL			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
MDS-UPDRS Part IV				Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
MDS-UPDRS ON/OFF Determinat	tion & Dosing				Х		х		Х		х		х		
MDS-UPDRS Repeat Part III/Hoeh	ın & Yahr				Ι		Ι		Ι		Ι		Ι		
Features of Parkinsonism			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Other Clinical Features			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Primary Clinical Diagnosis			Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι	Ι		
Non-Motor Assessments															
Olfactory Testing (UPSIT)							Р								
REM Sleep Behavior Disorder Scre	eening Questionnaire		Р		Р		Р		Р		Р		Р		
Epworth Sleepiness Scale			Р		Р		Р		Р		Р		Р		
SCOPA-AUT			Р		Р		Р		Р		Р		Р		
Neuro QoL			Р		Р		Р		Р		Р		Р		
Cognitive Assessments															
Montreal Cognitive Assessment			Х		Х		Х		Х		Х		Х		
Clock Drawing			Х		Х		Х		Х		Х		Х		
Lexical Fluency			х		Х		Х		Х		х		х		
Hopkins Verbal Learning Test-Rev	ised		Х		Х		Х		Х		Х		Х		

#### **Prodromal Schedule of Activities (Years 0 - 5)**

	Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	90A	90N	80A	80N	017	R10	712	Unsched	<sup>b</sup> Transition Activities
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)		
Benton Judgment of Line Orientation	n		Х		Х		Х		Х		Х		Х		
Semantic Fluency (Animals only)			Х		Х		Х		х		х		Х		
Letter Number Sequencing			Х		Х		Х		Х		Х		Х		
Symbol Digit Modalities Test			Х		Х		Х		х		х		Х		
Trail Making Test (A and B)			Х		Х		Х		х		х		Х		
Modified Boston Naming Test			Х		Х		Х		Х		Х		Х		
Cognitive Change			Р		Р		Р		Р		Р		Р		
Cognitive Categorization			Ι		Ι		Ι		Ι		Ι		Ι		
Neuropsychological Assessments									•	•	•	•			
State-Trait Anxiety Inventory for A	dults		Р		Р		Р		Р		Р		Р		
Geriatric Depression Scale			Р		Р		Р		Р		Р		Р		
QUIP			Р		Р		Р		Р		Р		Р		
Clinical and Biological Samples															
Clinical Lab blood sample			Х											Х	
Research samples (blood + urine)			Х		Х		Х		х		х		Х		
Lumbar puncture			Х		Х		Х		х		х		Х		
Skin biopsy			Х				Х				х				X <sup>c</sup>
Imaging Activities									•	•	•	•			
DaTscan Imaging Screening Intake		Х													
Pregnancy Test (prior to DaTscan injection), if appl	icable	х			Х		Х				х				
DaTscan Imaging		Х			Х		Х				Х				
MRI			Х		Х		Х				Х				
Safety and General Health															
#Adverse Events		Х	Х		Х		Х		х		Х		Х	Х	
Adverse Event Telephone Assessme	ent	Х	Х		Х		Х		х		х		Х		
Current Medical Conditions Review	7		Х	Х	Х	Х	Х	Х	Х	х	Х	х	Х	Х	
Concomitant Medication Review		Х	Х	Х	Х	Х	Х	Х	Х	х	Х	х	Х	Х	
LEDD Concomitant Medication Lo	g								As	Needed					
Surgery for PD Log									As	s Needed					
Report of Pregnancy								As	Needed						

I = Investigator completed assessment

P = Participant completed assessment

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

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

#Adverse events collected only day of and 2-3 days post DaTscan, LP and skin biopsy per protocol.

### **Prodromal Schedule of Activities (Years 6-13)**

	Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	<b>V19</b>	R19	V20	Unsched	<sup>b</sup> Transition Activities
Assessment	**Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mth	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156 (Y13)		
Consent Activities		intiis	(10)	intiis	(17)	intits	(10)	intils	(1)	men	(110)	intiis	(111)	intiis	(112)	intilis	(115)		
Documentation of Informed Consent																			І
Continuing Consent			х		х		х		х		Х		Х		х		х		
Consent to share contact information											As Need	ed							L
Research Proxy Designation										А	s Needeo	1 (T)							
Informed Consent Tracking Log											As Need	ed							
General Activities																			
Demographics			ſ		ſ									1	r –			1	Х
Family History																			X
Socio-Economics																			X
Vital Signs + Height and Weight			х		х		х		х		Х		Х		х		х	х	
Visit Status		Х	X	х	X	Х	X	х	x	х	X	Х	X	х	x	х	X	X	
Screen Fail																			As Needed
Conclusion of Study Participation										As Nee	ded								
Neurological/Motor Assessments																			
Participant Motor Function Questionna	ire		Р		Р		Р		Р		Р		Р	[	Р		Р	[	
Freezing and Falls			x		x		X		x		X		X		x		X		
Neurological Examination			I		I		I		I		I		I		I		I	Ι	
MDS-UPDRS Part Ia, Part III and Hoe	hn & Yahr	aI	I	aI	I	aI	I	<sup>a</sup> I	I	aI	I	aI	I	<sup>a</sup> I	I	aI	I		
MDS-UPDRS Part Ib and Part II		Р	Р	Р	P	Р	P	P	Р	Р	P	P	P	P	Р	P	Р		
Modified Schwab & England ADL		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
MDS-UPDRS Part IV		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
MDS-UPDRS ON/OFF Determination	& Dosing	-	X	-	X	-	X		X		X		X	-	x	-	X		
MDS-UPDRS Repeat Part III/Hoehn &			I		I		I		I		I		I		I		I		
Features of Parkinsonism	c 1 am		I	T	I	Ι	I	Ι	I	I	I	Ι	I	I	I	I	I		
Other Clinical Features			I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
Primary Clinical Diagnosis		Ι	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments		1	1	1	ľ	1	1	1	1	1	1	1	1	1	1	1	1		L
REM Sleep Behavior Disorder Screening	ng Questionnaire		Р	<u> </u>	Р		Р		Р		Р		Р		Р		Р		
Epworth Sleepiness Scale	ng Questionnaire		г Р		г Р		r P		r P		r P		r P		г Р		r P		
SCOPA-AUT			P		P		P		P		P		Р		P		P		
Neuro QoL			P		P		P		P		P		Р		P		P		
Cognitive Assessments			1		1		1		1		I		I		1		1		
Montreal Cognitive Assessment			Х		Х		Х		Х		Х		Х		х		Х		
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	1		X		X		X		X		X		X		x		X		
Benton Judgment of Line Orientation			X		X		X		X		X		X		x		X		
Semantic Fluency (Animals only)			X		X		X		X		Х		Х		X		X		
Letter Number Sequencing			X		X		X		X		Х		Х		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		
Modified Boston Naming Test			X		X		X		X		X		X		X		X		
integration poston maining rest			л				л				л		л		л		л		<b> </b>
Cognitive Change			Р		Р		Р		Р		Р		Р		Р		Р		۱ I

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#### **Prodromal Schedule of Activities (Years 6-13)**

	Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	V20	Unsched	<sup>b</sup> Transition Activities
Assessment	**Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mth	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156 (Y13)		
Neuropsychological Assessments																			
State-Trait Anxiety Inventory for Ac	lults		Р		Р		Р		Р		Р		Р		Р		Р		
Geriatric Depression Scale			Р		Р		Р		Р		Р		Р		Р		Р		
QUIP			Р		Р		Р		Р		Р		Р		Р		Р		
Clinical and Biological Samples																			
Clinical Lab blood sample																		Х	
Research samples (blood + urine)			х		х		Х		Х		Х		Х		Х		Х		
Lumbar puncture					Х				Х				Х				Х		
Skin biopsy																			X <sup>c</sup>
Safety and General Health																			
<sup>#</sup> Adverse Events					х				Х				Х				Х	Х	
Adverse Event Telephone Assessme	nt				х				Х				Х				Х		
Current Medical Conditions Review		Х	х	Х	х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Concomitant Medication Review		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	
LEDD Concomitant Medication Log	5										As Need	ed							
Surgery for PD Log											As Need	ed							
Report of Pregnancy											As Need	ed							

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