

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	^b Transition Activities	
Assessment	**Timepoint	-60 days	0	6 mths	12 (Y1) mths	18 (Y2) mths	24 (Y2) mths	30 (Y3) mths	36 (Y3) mths	42 (Y4) mths	48 (Y4) mths	54 (Y5) mths	60 (Y5) mths
Consent Activities															
Documentation of Informed Consent		I													I
Continuing Consent					X		X		X		X		X		
Research Proxy Designation		I	As Needed												X
Consent to share contact information		X	As Needed												X
Informed Consent Tracking Log		X	As Needed												X
General Activities															
Demographics		X													X
Family History		X													X
Socio-Economics		X													X
Physical Examination		X													
Vital Signs (Height and Weight BL + Annually)		X	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	X	
Screen Fail		As Needed													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		
PD Diagnosis History		I													
Neurological Examination		I			I		I		I		I		I	I	
MDS-UPDRS Part Ia, Part III and Hoehn & Yahr			I	I	I	I	I	^a I	I	^a I	I	^a I	I		
MDS-UPDRS Part Ib and Part II			P	P	P	P	P	P	P	P	P	P	P		
Modified Schwab & England ADL			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		
MDS-UPDRS ON/OFF Determination & Dosing				X	X	X	X		X		X		X		
MDS-UPDRS Repeat Part III/Hoehn & Yahr				I	I	I	I		I		I		I		
Features of Parkinsonism			I	I	I	I	I	I	I	I	I	I	I		
Other Clinical Features			I	I	I	I	I	I	I	I	I	I	I		
Primary Clinical Diagnosis			I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments															
Olfactory Testing (UPSIT)			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		
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		

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	Unscheduled	^b Transition Activities
Assessment	**Timepoint	-60 days	0	6 mths	12 (Y1) mths	18 mths	24 (Y2) mths	30 mths	36 (Y3) mths	42 mths	48 (Y4) mths	54 mths	60 (Y5) mths	---	---
Neuropsychological Assessments															
Benton Judgment of Line Orientation			X		X		X		X		X		X		
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		
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												X	
Research samples (blood + urine)			X	X	X	X	X		X		X		X		
Lumbar puncture			X		X		X		X		X		X		
Skin biopsy			X				X				X				X ^c
Imaging Activities															
Pregnancy Test (prior to DaTscan injection), if applicable		X			X		X				X				
DaTscan Imaging		X			X		X				X				
MRI			X		X		X				X				
Safety and General Health															
# Adverse Events		X	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	
Concomitant Medication Review		X	X	X	X	X	X	X	X	X	X	X	X	X	
LEDD Concomitant Medication Log		X	X	X	X	X	X	X	X	X	X	X	X	X	
Surgery for PD Log			As Needed												
Report of Pregnancy			As Needed												

I = Investigator 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 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	^b 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																			I
Continuing Consent		X		X		X		X		X		X		X		X			
Consent to share contact information	As Needed																		
Research Proxy Designation	As Needed (I)																		
Informed Consent Tracking Log	As Needed																		
General Activities																			
Demographics																			X
Family History																			X
Socio-Economics																			X
Vital Signs + Height and Weight		X		X		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	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		P		P			
Freezing and Falls		X		X		X		X		X		X		X		X			
Neurological Examination		I		I		I		I		I		I		I		I		I	
MDS-UPDRS Part Ia, Part III and Hoehn & Yahr	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a 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	P	
Modified Schwab & England ADL	I	I	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	I	I	
MDS-UPDRS ON/OFF Determination & Dosing		X		X		X		X		X		X		X		X			
MDS-UPDRS Repeat Part III/Hoehn & Yahr		I		I		I		I		I		I		I		I			
Features of Parkinsonism		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
Other Clinical Features		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
Primary Clinical Diagnosis	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
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			
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			
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			
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			

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	^b 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 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																			
Clinical Lab blood sample																	X		
Research samples (blood + urine)		X		X		X		X		X		X		X		X			
Lumbar puncture				X				X				X				X			
Skin biopsy																		X ^c	
Safety and General Health																			
#Adverse Events				X				X				X				X	X		
Adverse Event Telephone Assessment				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		
LEDD Concomitant Medication Log	As Needed																		
Surgery for PD Log	As Needed																		
Report of Pregnancy	As Needed																		

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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	^b Transition Activities	
Assessment	**Timepoint	-60 days	0	6 mths (Y1)	12 mths (Y1)	18 mths (Y2)	24 mths (Y2)	30 mths (Y3)	36 mths (Y3)	42 mths (Y4)	48 mths (Y4)	54 mths (Y5)	60 mths (Y5)	---	---
Consent Activities															
Documentation of Informed Consent	I														I
Continuing Consent				X		X		X		X		X			
Research Proxy Designation	X	As Needed (I)													
Consent to share contact information	X	As Needed													X
Informed Consent Tracking Log	X	As Needed													X
General Activities															
Demographics	X														X
Family History	X														X
Socio-Economics	X														X
Physical Examination	X														
Vital Signs (Height and Weight BL + Annually)	X	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	X	X	
Screen Fail		As Needed													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	I		
MDS-UPDRS Part Ia, Part III and Hoehn & Yahr		I	I	I	I	I	^a I	I	^a I	I	^a I	I	^a I	I	
MDS-UPDRS Part Ib and Part II		P	P	P	P	P	P	P	P	P	P	P	P		
Modified Schwab & England ADL		I	I	I	I	I	I	I	I	I	I	I	I		
Features of Parkinsonism		I	I	I	I	I	I	I	I	I	I	I	I		
Other Clinical Features		I	I	I	I	I	I	I	I	I	I	I	I		
Primary Clinical Diagnosis		I	I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments															
Olfactory Testing (UPSIT)		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			
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			

Healthy Control Schedule of Activities (Years 0 - 5)

Visit Number		Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	Unsched	^b Transition Activities
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Neuropsychological Assessments															
Benton Judgment of Line Orientation			X		X		X		X		X		X		
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												X	
Research samples (blood + urine)			X	X	X	X	X		X		X		X		
Lumbar puncture			X		X		X		X		X		X		
Skin biopsy			X				X				X				X ^c
Imaging Activities															
Pregnancy Test (prior to DaTscan injection), if applicable		X													
DaTscan Imaging		X													
MRI			X												
Safety and General Health															
# Adverse Events		X	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	
Concomitant Medication Review		X	X	X	X	X	X	X	X	X	X	X	X	X	
Report of Pregnancy			As Needed												

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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	^b 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																			I
Continuing Consent		X		X		X		X		X		X		X		X			
Consent to share contact information	As Needed																		
Research Proxy Designation	As Needed (I)																		
Informed Consent Tracking Log	As Needed																		
General Activities																			
Demographics																			X
Family History																			X
Socio-Economics																			X
Vital Signs + Height and Weight		X		X		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	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		P		P			
Freezing and Falls		X		X		X		X		X		X		X		X			
Neurological Examination		I		I		I		I		I		I		I		I		I	
MDS-UPDRS Part Ia, Part III and Hoehn & Yahr	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a 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	P	
Modified Schwab & England ADL	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
Features of Parkinsonism		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
Other Clinical Features		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
Primary Clinical Diagnosis	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
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			
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			
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			
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			

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	^b 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		P		P		P		P		P		P		P		P		
QUIP		P		P		P		P		P		P		P		P		
Clinical and Biological Samples																		
Clinical Lab blood sample																		X
Research samples (blood + urine)		X		X		X		X		X		X		X		X		
Lumbar puncture				X				X				X				X		
Skin biopsy																		X ^c
Safety and General Health																		
#Adverse Events				X				X				X				X		X
Adverse Event Telephone Assessment				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	X
Concomitant Medication Review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Report of Pregnancy	As Needed																	

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

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Prodromal Schedule of Activities (Years 0 - 5)

Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	V06	R06	V08	R08	V10	R10	V12	Unsched	^{b)} 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 DaTscan Consent		I													
Documentation of Informed Consent			I											I	
Continuing Consent				X		X		X		X		X			
Research Proxy Designation			I	As Needed										X	
Consent to share contact information			X	As Needed										X	
Informed Consent Tracking Log		X	X	As Needed											
General Activities															
Demographics			X											X	
Family History			X											X	
Socio-Economics			X											X	
Physical Examination			X												
Vital Signs (Height and Weight BL + Annually)			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	X	
Screen Fail			As Needed											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	I	
MDS-UPDRS Part Ia, Part III and Hoehn & Yahr			I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I		
MDS-UPDRS Part Ib and Part II			P	P	P	P	P	P	P	P	P	P	P		
Modified Schwab & England ADL			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		
MDS-UPDRS ON/OFF Determination & Dosing					X		X		X		X		X		
MDS-UPDRS Repeat Part III/Hoehn & Yahr					I		I		I		I		I		
Features of Parkinsonism			I	I	I	I	I	I	I	I	I	I	I		
Other Clinical Features			I	I	I	I	I	I	I	I	I	I	I		
Primary Clinical Diagnosis			I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments															
Olfactory Testing (UPSIT)							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		
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		

Prodromal Schedule of Activities (Years 0 - 5)

Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	V06	R06	V08	R08	V10	R10	V12	Unsched	^b Transition Activities	
Assessment	**Timepoint	-60 days	0	6 mths	12 (Y1) mths	18 (Y2) mths	24 (Y3) mths	30 (Y4) mths	36 (Y5) mths	42 (Y6) mths	48 (Y7) mths	54 (Y8) mths	60 (Y9) mths	--	--
Benton Judgment of Line Orientation			X		X		X		X		X		X		
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										X		
Research samples (blood + urine)			X		X		X		X		X		X		
Lumbar puncture			X		X		X		X		X		X		
Skin biopsy			X				X				X				X ^c
Imaging Activities															
DaTscan Imaging Screening Intake		X													
Pregnancy Test (prior to DaTscan injection), if applicable		X			X		X				X				
DaTscan Imaging		X			X		X				X				
MRI			X		X		X				X				
Safety and General Health															
# Adverse Events		X	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	X	
LEDD Concomitant Medication Log				As Needed											
Surgery for PD Log				As Needed											
Report of Pregnancy				As Needed											

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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	^b 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																			I
Continuing Consent			X		X		X		X		X		X		X		X		
Consent to share contact information		As Needed																	
Research Proxy Designation		As Needed (I)																	
Informed Consent Tracking Log		As Needed																	
General Activities																			
Demographics																			X
Family History																			X
Socio-Economics																			X
Vital Signs + Height and Weight			X		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	
Screen Fail																			As Needed
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	I	
MDS-UPDRS Part Ia, Part III and Hoehn & Yahr		^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a I	I	^a 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		
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 & Yahr			I		I		I		I		I		I		I		I		
Features of Parkinsonism			I	I	I	I	I	I	I	I	I	I	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		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
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		
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		
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		
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		

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	^b Transition Activities
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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																		
Clinical Lab blood sample																	X	
Research samples (blood + urine)		X		X		X		X		X		X		X		X		
Lumbar puncture				X				X				X				X		
Skin biopsy																		X ^c
Safety and General Health																		
# Adverse Events				X				X				X				X	X	
Adverse Event Telephone Assessment				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	
LEDD Concomitant Medication Log	As Needed																	
Surgery for PD Log	As Needed																	
Report of Pregnancy	As Needed																	

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