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

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	90Λ	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 Conse	nt	I													I
Continuing Consent					X		X		X		X		X		
Research Proxy Designation		I						As N	eeded						X
Consent to share contact information	on	X						As N	eeded						X
Informed Consent Tracking Log		X						As N	eeded						X
General Activities															
Demographics		X													X
Family History		X													X
Socio-Economics		X													
Physical Examination		X													
Vital Signs (Height and Weight BL	+ Annually)	X	X	X	X	X	X		X		X		X	X	
Review Inclusion/Exclusion Criteri		I	I				$\vdash$								$\vdash$
Visit Status		X	X	X	X	X	X	X	X	Х	X	X	X	X	$\vdash$
Screen Fail			eeded												
Conclusion of Study Participation							<u> </u>		As Neede	ed					
Neurological/Motor Assessments															
Participant Motor Function Question	nnaire		P		P		P		P	1	P		P		
Freezing and Falls	mune		X		X		X		X		X		X		
PD Diagnosis History		I			71		Α.						71		
Neurological Examination		I			I		I		I		I		I	I	
MDS-UPDRS Part Ia, Part III and I	Hoehn & Vahr	1	I	I	I	I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	a <sub>I</sub>	I	•	
MDS-UPDRS Part Ib and Part II	roem & run		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 Determinate	tion & Doging			X	X			1	X	1	X	1			
	-					X	X						X		
MDS-UPDRS Repeat Part III/Hoeh	in & ranr			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 Clinical Diagnosis			I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments							T	ı		l					1
Olfactory Testing (UPSIT)			P												
REM Sleep Behavior Disorder Scre	eening 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							I								
Montreal Cognitive Assessment		X			X		X		X		X		X		<u> </u>
Clock Drawing		X			X		X		X		X		X		Щ.
Lexical Fluency			X		X		X		X		X		X		
Hopkins Verbal Learning Test-Rev	ised		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	90A	R06	80A	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			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		X		X		X		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				
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	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								A	As Neede	ed					
Report of Pregnancy								As N	eeded						

I = Investigator completed assessment

#Adverse events collected only day of and 7-10 days post DaTscan, LP and skin biopsy per protocol.

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

<sup>\*\*</sup>Window of +45 days either side of Target Visit Date

# 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 Conser	nt					Ī													I
Continuing Consent			X		X		X		X		X		X		X		X		
Consent to share contact information	on									A	s Needed	l							
Research Proxy Designation										As	Needed (	(I)							
Informed Consent Tracking Log										A	s Needed	1							
General Activities																			
Demographics																			X
Family History																			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	
Conclusion of Study Participation										As Ne	eded								
Neurological/Motor Assessments																			
Participant Motor Function Question	nnaire		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 I	Hoehn & Yahr	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> 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 Determinat	ion & Dosing		X		X		X		X		X		X		X		X		
MDS-UPDRS Repeat Part III/Hoeh	n & Yahr		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 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 Scre	eening 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				ı	ı	ī				•	•		•	•					
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-Revi			X		X		X		X		X		X		X		X		
Benton Judgment of Line Orientation	on		X		X		X		X		X		X		X		X		
Semantic Fluency (Animals only)			X		X		X		X		X		X		X		X		igwdapprox
Letter Number Sequencing			X		X		X		X		X		X		X		X		igwdapprox
Symbol Digit Modalities Test			X		X		X		X		X		X		X		X		igwdapprox
Trail Making Test (A and B)			X		X		X		X		X		X		X		X		igwdapprox
Modified Boston Naming Test			X		X		X		X		X		X		X		X		igwdapprox
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	<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		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		X		X		X		X		X		X		X	X	
Research samples (blood + urine)			X		X		X		X		X		X		X		X		
Lumbar puncture					X				X				X				X		
Skin biopsy					X				X				X				X		
Safety and General Health																			
*Adverse Events					X				X				X				X	X	
Adverse Event Telephone Assessme	ent				X				X				X				X		
Current Medical Conditions Review	V	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 Lo	g	As Needed																	
Surgery for PD Log										A	s Needed								
Report of Pregnancy										A	s Needed								

I = Investigator completed assessment

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

#Adverse events collected only day of and 7-10 days post LP and skin biopsy per protocol.

P = Participant completed assessment

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

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

<sup>\*\*</sup>Window of +45 days either side of Target Visit Date

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

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	90Λ	R06	80Λ	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 Consent		I													I
Continuing Consent					X		X		X		X		X		
Research Proxy Designation		X						As	Needed	(I)					-
Consent to share contact information		X						As N	eeded						X
Informed Consent Tracking Log		X						As N	eeded						X
General Activities															
Demographics		X													X
Family History		X													X
Socio-Economics		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 N	eeded												
Conclusion of Study Participation								A	As Neede	ed					
Neurological/Motor Assessments															
Participant Motor Function Questions	naire		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 Ho	oehn & Yahr		I	I	I	I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> 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		
Features of Parkinsonism			I	I	I	I	I		I		I		I		
Other Clinical Features			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 Screen	ning 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-Revise	ed		X		X		X		X		X		X		
Benton Judgment of Line Orientation			X		X		X		X		X		X		

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

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	90Λ	R06	N08	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)		
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 Ad	lults		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		X		X		X		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				
Imaging Activities															
DaTscan Imaging Screening Intake		X													
Pregnancy Test (prior to DaTscan injection), if applic	cable	X													
DaTscan Imaging		X													
MRI			X												
Safety and General Health															
*Adverse Events		X	X		X		X		X		X		X	X	
Adverse Event Telephone Assessmen	nt	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 N	eeded						

 $I = Investigator\ completed\ assessment$ 

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

#Adverse events collected only day of and 7-10 days post DaTscan, LP and skin biopsy per protocol.

 $P = Participant \ completed \ assessment$ 

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

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

<sup>\*\*</sup>Window of +45 days either side of Target Visit Date

## **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																			
Documentation of Informed Conser	nt																		I
Continuing Consent			X		X		X		X		X		X		X		X		
Consent to share contact information	n									A	s Needed								
Research Proxy Designation										As	Needed (	I)							
Informed Consent Tracking Log										A	s Needed								
General Activities																			
Demographics																			X
Family History																			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	
Conclusion of Study Participation										As Ne	eded								
Neurological/Motor Assessments					•		•												
Participant Motor Function Question	onnaire		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 I	Hoehn & Yahr	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> 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		
Features of Parkinsonism			I		I		I		I		I		I		I		I		
Other Clinical Features Primary Clinical Diagnosis		I	I	I	I I	I	I I	I	I	I	I I	I	I	I	I I	I	I I		
Non-Motor Assessments		1	1	1		1	1	1		1	1	1	1						
REM Sleep Behavior Disorder Screen	eening Questionnaire		P		P		P		P	<u> </u>	P		P	Ī	P	Ī	P		
Epworth Sleepiness Scale	coming Questionnaire		P		P		P		P		P		P		P		P		
SCOPA-AUT			P		P		P		P		P		P		P		P		
Neuro QoL			P		P		P		Р		P		P		P		P		
Cognitive Assessments					<u> </u>		<u> </u>		<u> </u>					<u> </u>	<u> </u>	<u> </u>	<u> </u>		L
Montreal Cognitive Assessment			X		Х		Х		Х	Ι	Х		X	Π	Х	Π	Х		
Clock Drawing			X		Х		X		X		X		X		X		X		
Lexical Fluency			X		Х		X		X		X		X		X		X		
Hopkins Verbal Learning Test-Rev	ised		X		X		X		Х		X		X		X		X		
Benton Judgment of Line Orientation	on		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 A	dults		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	<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			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		X		X		X		X		X		X		X	X	
Research samples (blood + urine)			X		X		X		X		X		X		X		X		
Lumbar puncture					X				X				X				X		
Skin biopsy					X				X				X				X		
Safety and General Health																			
#Adverse Events					X				X				X				X	X	
Adverse Event Telephone Assessme	nt				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	
Report of Pregnancy										As	s Needed								

 $I = Investigator\ completed\ assessment$ 

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

#Adverse events collected only day of and 7-10 days post LP and skin biopsy per protocol.

 $P = Participant \ completed \ assessment$ 

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

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

<sup>\*\*</sup>Window of +45 days either side of Target Visit Date

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

	Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	90Λ	R06	80Λ	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 DaTsca	n Consent	I													
Documentation of Informed Consent			I												I
Continuing Consent					X		X		X		X		X		
Research Proxy Designation			I					A	As Neede	d					X
Consent to share contact information			X					A	As Neede	d					X
Informed Consent Tracking Log		X	X					A	As Neede	d					
General Activities															
Demographics			X												X
Family History			X												X
Socio-Economics			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 N	eeded												
Conclusion of Study Participation								As N	eeded						
Neurological/Motor Assessments			<u> </u>												
Participant Motor Function Question	naire		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 H	oehn & Yahr		I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> 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	on & 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		
Other Clinical Features			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 Scree	ning 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		

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

	Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	90Λ	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)		
Lexical Fluency	•		X		X		X		X		X		X		
Hopkins Verbal Learning Test-	Revised		X		X		X		X		X		X		
Benton Judgment of Line Orier	ntation		X		X		X		X		X		X		
Semantic Fluency (Animals on	ly)		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 Assessme	nts														
State-Trait Anxiety Inventory f	or 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 Sampl	es														
Clinical Lab blood sample			X		X		X		X		X		X	X	
Research samples (blood + urin	ne)		X		X		X		X		X		X		
Lumbar puncture			X		X		X		X		X		X		
Skin biopsy			X				X				X				
Imaging Activities															
DaTscan Imaging Screening In	take	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 Asse	essment	X	X		X		X		X		X		X		
Current Medical Conditions Re	eview		X	X	X	X	X	X	X	X	X	X	X	X	
Concomitant Medication Revie	ew	X	X	X	X	X	X	X	X	X	X	X	X	X	
LEDD Concomitant Medicatio	n Log								As N	eeded					
Surgery for PD Log									As N	eeded					
Report of Pregnancy								As N	eeded						

 $I = Investigator\ completed\ assessment$ 

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

#Adverse events collected only day of and 7-10 days post DaTscan, LP and skin biopsy per protocol.

 $P = Participant \ completed \ assessment$ 

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

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

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

<sup>\*\*</sup>Window of +45 days either side of Target Visit Date

## **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)		
Consent Activities				•				•											
Documentation of Informed Conser	nt																		I
Continuing Consent			X		X		X		X		X		X		X		X		
Consent to share contact information	'n							-		A	s Needed								-
Research Proxy Designation										As	Needed (	I)							
Informed Consent Tracking Log										A	s Needed								
General Activities																			
Demographics																			X
Family History																			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	
Conclusion of Study Participation										As Neo	eded								
Neurological/Motor Assessments																			
Participant Motor Function Questio	nnaire		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 I	Hoehn & Yahr	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> I	I	<sup>a</sup> 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 Determinat	tion & Dosing		X		X		X		X		X		X		X		X		
MDS-UPDRS Repeat Part III/Hoeh	ın & Yahr		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 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 Scre	eening 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-Rev	ised		X		X		X		X		X		X		X		X		
Benton Judgment of Line Orientation	on		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		igsqcup
Trail Making Test (A and B)			X		X		X		X		X		X		X		X		Ш
Modified Boston Naming Test			X		X		X		X		X		X		X		X		Ш
Cognitive Change			P		P		P		P		P		P		P		P		igsqcup
Cognitive Categorization			I		I		I		I		I		I		I		I		

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

	Visit Number	R12	V13	R13	V14	R14	VIS	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		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		X		X		X		X		X		X		X	X	
Research samples (blood + urine)			X		X		X		X		X		X		X		X		
Lumbar puncture					X				X				X				X		
Skin biopsy					X				X				X				X		
Safety and General Health																			
*Adverse Events					X				X				X				X	X	
Adverse Event Telephone Assessme	ent				X				X				X				X		
Current Medical Conditions Review	V	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 Lo	g	As Needed																	
Surgery for PD Log				·			·	•		A	s Needed	1			•			•	
Report of Pregnancy										A	s Needed								

I = Investigator completed assessment

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

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