

PPMI Online - NonPD Schedule of Activities

Visit Number		Screening	BL/V01 - Jul21	V02 - Oct21	V03 - Jan22	V04 - Apr22	V05 - Jul22	V06 - Oct22	V07 - Jan23	V08 - Apr23	V09 - Jul23	V10 - Oct23	V11 - Jan24	V12 - Apr24	V13 - Jul24	V14 - Oct24	V15 - Jan25		
Assessment	**Timepoint	0	0	3 mths	6 mths	9 mths	12 (Y1)	15 mths	18 mths	21 mths	24 (Y2)	27 mths	30 mths	33 mths	36 (Y3)	39 mths	42 mths		
Consent Activities																			
Screener		P																	
Consent		P																	
Visit Activities																			
Contact Information		P																	
High Interest (Getting Started)		P																	
Race Ethnicity (You and Your Background)*		P																	
Return NonPD (PD Hx Part 2)			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Hyposmia (Sense of Smell)		P					P			P	P	P	P	P	P	P	P	P	P
RBD1Q and PPMI RBD sleep Qx (Acting Out Dreams)		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Brief motor screen (Movement Changes)*		P	P		P		P	P	P	P	P	P	P	P	P	P	P	P	P
Constipation		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Epworth Sleepiness Scale (ESS) (Sleepiness)*			P				P				P					P			
Cognitive Change (Thinking Changes)*		P	P		P		P		P	P	P	P	P	P	P	P	P	P	P
Geriatric Depression Scale - GDS (Mood)*		P	P		P		P		P	P	P	P	P	P	P	P	P	P	P
Falls baseline - past 12mo (Hx of Falls)		P																	
Falls surveillance (Hx of Falls Part2)			P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Parkinson's Anxiety Scale (PAS) (Worry and Stress)		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Family History of PD*		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Health History - Quarterly		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Health History Part 2 - Annual		P					P				P					P			
Medications (PD)		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Penn Parkinson's Daily Activities Qx (PDAQ-15) (Thinking Abilities)		P					P				P					P			
Parkinson's disease Sleep Scale 2 (PDSS-2) (Sleep Habits)		P					P				P					P			
MDS-UPDRS Part Ib and II (Experiences of Daily Living)*		P	P		P		P		P	P	P	P	P	P	P	P	P	P	P
Covid-19 Experience		P		P			P		P										
Covid-19 Experience Part 2											P	P	P	P	P	P	P	P	P
Smoking history			P					P											
SES (You and Your Background Part 2)		P																	
Head Injury		P				P													
Caffeine Use		P				P													
Pesticides at Work		P					P												
Chemical Exposure at work		P					P												
How You Heard about PPMI			P				P												
Physical Activity			P					P											
Genetic Testing history									P										
Occupation and Military Service									P										
Residential Location									P										

*= Included in Clinical SoA

PPMI Online - PD Schedule of Activities

Visit Number	Screening	Baseline / V01	V02	V03 - Jan22	V04 - Apr22	V05 - Jul22	V06 - Oct22	V07 - Jan23	V08 - Apr23	V09 - Jul23	V10 - Oct23	V11 - Jan24	V12 - Apr24	V13 - Jul24	V14 - Oct24	V15 - Jan25	
Assessment	**Timepoint	0	3 mths	6 mths	9 mths	12 (Y1)	15 mths	18 mths	21 mths	24 (Y2)	27 mths	30 mths	33 mths	36 (Y3)	39 mths	42 mths	
Consent Activities																	
Screeener		P															
Consent		P															
Visit Activities																	
Contact Information		P															
High Interest (Getting Started)		P															
PD age (Parkinson's disease History)		P															
Return PD (PD Hx Part 2)			P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Race Ethnicity (You and Your Background)*		P															
MDS-UPDRS Part Ib and II (Experiences of Daily Living)*		P	P		P		P		P	P	P	P	P	P	P	P	
Penn Parkinson's Daily Activities Qx (PDAQ-15) (Thinking Abilities)		P				P				P				P			
Falls baseline - past 12mo (Hx of Falls)		P															
Falls surveillance (Hx of Falls Part2)			P	P	P	P	P	P	P	P	P	P	P	P	P	P	
RBD1Q and PPMI RBD sleep Qx (Acting Out Dreams)		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Parkinson's disease Sleep Scale 2 (PDSS-2) (Sleep Habits)		P				P				P				P			
Geriatric Depression Scale - GDS (Mood)*		P	P		P		P		P	P	P	P	P	P	P	P	
Parkinson's Anxiety Scale (PAS) (Worry and Stress)		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Cognitive Change (Thinking Changes)*		P	P		P		P		P	P	P	P	P	P	P	P	
Epworth Sleepiness Scale (ESS) (Sleepiness)*			P			P				P					P		
Constipation		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Hyposmia (Sense of Smell)		P				P			P	P	P	P	P	P	P	P	
Brief motor screen (Movement Changes)*		P	P		P		P	P	P	P	P	P	P	P	P	P	
Health History - Quarterly		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Health History Part 2 - Annual		P				P				P					P		
Medication (PD)		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Family History of PD*		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Covid-19 Experience		P		P		P		P									
Covid-19 Experience Part 2										P	P	P	P	P	P	P	
Smoking history			P				P										
SES (You and Your Background Part 2)		P															
Head Injury		P			P												
Caffeine Use		P			P												
Pesticides at Work		P				P											
Chemical Exposure at work		P				P											
How You Heard about PPMI			P			P											
Physical Activity			P				P										
Genetic Testing history								P									
Occupation and Military Service								P									
Residential Location								P									

*= Included in Clinical SoA

Assessment

PPMI Non-Complete Survey Questions (PPMI experience)

Release date

7/19/2022