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

	Visit Number	Screening	Baseline (BL)	V 02	V04	V05	90 Λ	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 Informed Consen	t	X						As N	eeded						X
Continuing Consent					X		X		X		X		X		
Research Proxy Designation		I					•	As N	eeded	•		•			X
Consent to share contact information	n	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													X
Physical Examination		X													
Vital Signs (Height and Weight BL	+ Annually)	X	X	X	X	Х	Х		X		Х		X	X	
Review Inclusion/Exclusion Criteria	ı	I	I												
Visit Status		X	X	Х	X	Х	Х	Х	X	X	Х	Х	Х	X	
Screen Fail		As N	eeded												As Needed
Conclusion of Study Participation									As	Needed					
Neurological/Motor Assessments															
Participant Motor Function Question	nnaire		P		P		P		P	Π	P		P		
Freezing and Falls			X		X		Х		Х		Х		X		
PD Diagnosis History		I													
Neurological Examination		I			I		I		I		I		I	I	
MDS-UPDRS ON/OFF Determinati	on & Dosing			X	X	X	Х	Xe	X	Xe	X	Xe	X		
MDS-UPDRS Part Ia, Part III and H	oehn & 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^d	I ^d	I^{d}	I^{d}	I^{d}	I^{d}	I^{d}	I^{d}	I^{d}	I^d		
MDS-UPDRS Repeat Part III/Hoehr	ı & Yahr			I ^d	I ^d	I^d	I^d		I^d		I^d		I ^d		
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 Screen	ening Questionnaire		P		P		Р		P		P		P		
Epworth Sleepiness Scale			P		P		P		P		P		P		
SCOPA-AUT			P		P		P		P		P		P		
Neuro QoL			P		P		Р		P		P		P		
Cognitive Assessments															
Montreal Cognitive Assessment*		X			Х		Х		Х		Х		Х		
Clock Drawing*		X			X		X		X		X		X		
Lexical Fluency*			X		X		X		X		X		X		
Hopkins Verbal Learning Test-Revi	sed*		X		X		Х		Х		Х		Х		
Benton Judgment of Line Orientatio	n*		X		X		Х		Х		Х		Х		
Semantic Fluency (Animals only)*			X		X		Х		X		Х		Х		

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

	Visit Number	Screening	Baseline (BL)	V 02	V04	V05	90 Λ	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)		
Letter Number Sequencing*			X		Х		X		X		Х		X		
Symbol Digit Modalities Test*			X		X		X		Х		Х		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 Adu	ılts		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 ^f			X				X				X				X ^c
Imaging Activities															
Pregnancy Test (prior to Datscan injection), if applica	able	X			X		X				Х				
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 Assessmen	ıt	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	
Participation in Other Studies								As	Needed						
Surgery for PD Log									As Nee	ded					
Report of Pregnancy								As	Needed						

I = Investigator 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
- $b = Transition \ Activities \ completed \ for \ all \ previously \ enrolled \ participants \ transitioning \ into-new \ database \ at \ first \ visit \ only$
- c =-Previously enrolled participants transitioning to new database may be asked to have skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.
- d = Only complete once participant has initiated dopaminergic medication/DBS for treating the symptoms of PD
- e = Completed to record timing of the single MDS-UPDRS assessment during remote visits. If participant is on medications for treating PD, the prefered state for the MDS-UPDRS remote assessment is ON.
- f = Skin biopsy will be conducted at participating sites.
- *Completed on paper source first, and then scores entered in EDC
- **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.

P = Participant completed assessment

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

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 Conser	ıt									As Ne	eded								Х
Continuing Consent			X		X		X		X		X		X		X		X		
Consent to share contact information	n										As Nee	ded							
Research Proxy Designation											As Need	ed (I)							
Informed Consent Tracking Log											As Nee	ded							
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 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 H	Ioehn & 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^{d}	I^{d}	I^d	I^{d}	I^{d}	I^d	I^d	I^d	I^d	I^{d}								
MDS-UPDRS ON/OFF Determinati	on & Dosing	Xe	X	Xe	X	Xe	X	Xe	X	Xe	X	Xe	X	Xe	X	Xe	X		
MDS-UPDRS Repeat Part III/Hoeh	n & Yahr		I^d		I ^d		I ^d		I ^d		I^d		I^d		I ^d		I^d		
Features of Parkinsonism		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		
Primary Clinical Diagnosis		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments		ı		•															
REM Sleep Behavior Disorder Scre	ening 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			ı	ı					
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	\vdash	X		X		X		X		X		X		X		
Letter Number Sequencing*			X	_	X		X		X		X		X		X		X		
Symbol Digit Modalities Test*			X	<u> </u>	X		X		X		X	-	X		X		X		
Trail Making Test (A and B)*		_	X	\vdash	X		X		X		X		X		X		X		
Modified Boston Naming Test*		<u> </u>	X	<u> </u>	X		X		X		X		X		X		X		

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)		
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		
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 ^f																			X ^c
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	
Participation in Other Studies	_	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LEDD Concomitant Medication Lo	g										As Nee	ded							
Surgery for PD Log											As Nee	ded							
Report of Pregnancy											As Nee	ded							
L = Investigator completed assessme											- 10 1.00								

I = Investigator completed assessment

- $a = rigidity \ and \ postural \ stability \ will \ not \ be \ assessed \ for \ Remote \ visits; \ Part \ III \ and \ Hoehn \ \& \ Yahr \ not \ done \ if \ phone/audio \ only \ and \ phone/audio \ and \ phone/audio \ and \ phone/audio \ only \ and \ phone/audio \ and$
- $b = Transition \ Activities \ completed \ for \ all \ previously \ enrolled \ participants \ transitioning \ into \ new \ database \ at \ first \ visit \ only$
- c = Previously enrolled participants transitioning to new database may be asked to have skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.
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- f = Skin biopsy will be conducted at participating sites
- *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 days post LP and skin biopsy per protocol.

 $P = Participant \ completed \ assessment$

Prodromal Schedule of Activities (Years 0 - 5)

	Visit Number	SC (DAT)	BL (Clinic)	R01	V04	R04	90 Λ	R06	V 08	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 DaTso	can Consent	X													
Documentation of Informed Conser	nt		X					I	As Neede	d					X
Continuing Consent					X		X		X		X		X		
Research Proxy Designation			I					I	As Neede	d					X
Consent to share contact information	on		X					I	As Neede	d					X
Informed Consent Tracking Log		X	X					I	As Neede	d					
Pre-Screening Activities															
Prodromal History		X													
Olfactory Testing (UPSIT)		\mathbf{P}^{g}													
General Activities															
Demographics			X												X
Family History			X												X
Socio-Economics			Х												X
Physical Examination			Х												
Vital Signs (Height and Weight BL	+ Annually)		Х		X		X		Х		Х		X	X	
Review Inclusion/Exclusion Criteri	a	I	I												
Visit Status		X	X	X	X	X	X	X	Х	X	X	X	X	X	
Screen Fail		As N	eeded												As Needed
Conclusion of Study Participation								A	As Neede	d					
Neurological/Motor Assessments															
Participant Motor Function Question	onnaire		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 ON/OFF Determinat	ion & Dosing			Xe	X	Xe	X	Xe	X	Xe	X	Xe	X		
MDS-UPDRS Part Ia, Part III and F	Ioehn & 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^d	I ^d	I^d	I^d	I^d	I^{d}	I^d	I^d	I^d	I ^d		
MDS-UPDRS Repeat Part III/Hoeh	n & Yahr				I ^d		I ^d		I^{d}		I ^d		I ^d		
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 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	L	P		P	L	P		
0 12 4															
Cognitive Assessments															
Montreal Cognitive Assessment*			X		X		X		X		X		X		
			X X		X		X		X		X		X		

Prodromal Schedule of Activities (Years 0 - 5)

	Visit Number	SC (DAT)	BL (Clinic)	R01	V 04	R04	90Λ	R06	N 08	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)		
Hopkins Verbal Learning Test-Revis	ed*		X		X		X		X		X		X		
Benton Judgment of Line Orientation	1*		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 Ad	ults		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 ^f			X				X				X				X^{c}
Imaging Activities															
Pregnancy Test (prior to DaTscan injection), if appli	cable	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		Х		X		Х	X	
Adverse Event Telephone Assessmen	nt	X	X		X		X		X		X		X		
Current Medical Conditions Review		As Needed	X	X	X	X	X	X	X	X	X	X	X	X	
Concomitant Medication Review		X	X	X	X	X	X	X	Х	Х	X	Х	X	X	
Participation in Other Studies								As	Needed						
LEDD Concomitant Medication Log									As	Needed					
Surgery for PD Log									As	s Needed					

- $I = Investigator\ completed\ assessment$
- $P = Participant \ completed \ assessment$
- 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 previously enrolled participants transitioning into-new database at first visit only
- c = Previously enrolled participants transitioning to new database may be asked to have skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.
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- f = Skin biopsy will be conducted at participating sites.
- g= Performed for sites recruiting participants not referred from Screening Core
- *Completed on paper source first, and then scores entered in EDC
- **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)

				1						1									
	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 Consen	t									As Nec	eded								X
Continuing Consent			X		X		X		X		X		X		X		X		
Consent to share contact information	n		•								As Need	led							
Research Proxy Designation										A	s Neede	d (I)							
Informed Consent Tracking Log											As Need	led							
General Activities																			
Demographics		Π	Π	<u> </u>											l				Х
Family History																			X
Socio-Economics																			Х
Vital Signs + Height and Weight			Х		X		X		X		X		Х		Х		Х	X	
Visit Status		X	X	Х	X	X	X	X	X	X	X	Х	X	Х	X	Х	X	X	
Screen Fail						_					-								As Needed
Conclusion of Study Participation										As Nec	eded								TIS TICCULA
Neurological/Motor Assessments										115 116	- ava								
Participant Motor Function Question	nnaire	Ι	P	l	P		P		P	<u> </u>	P	Ι	P	Ι	P	l	P	<u> </u>	
Freezing and Falls	imane		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 H	Joshn & Vahr	^a I	I	^a I	I	^a I	I	^a I	I	a _I	I	^a I	I	^a I	I	^a I	I	1	
MDS-UPDRS Part Ib and Part II	oeiii & Taiii	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 ^d	I _q	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d		
MDS-UPDRS ON/OFF Determination	on & Dogina		H	 								-	-	 		-			
		Xe	X	Xe	X	Xe	X	Xe	X	Xe	X	Xe	X	X ^e	X	Xe	X		
MDS-UPDRS Repeat Part III/Hoehr	1 & Yanr		I ^d	_	I ^d	_	I ^d	_	I ^d		I ^d	<u> </u>	I ^d	_	I ^d	<u> </u>	I ^d		
Features of Parkinsonism		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		
Primary Clinical Diagnosis		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
Non-Motor Assessments		<u> </u>	1									1	ı		ı	ı	<u> </u>		
REM Sleep Behavior Disorder Scree	ening Questionnaire		P		P		P		P		P		P		P		P		
Epworth Sleepiness Scale			P		P		P		P		P		P		P		P		
SCOPA-AUT		<u> </u>	P		P		P		P		P	<u> </u>	P	<u> </u>	P		P		
Neuro QoL			P		P		P		P		P		P		P		P		
Cognitive Assessments		Ī	1	ı												ı			
Montreal Cognitive Assessment*			X	_	X		X		X		X	<u> </u>	X	<u> </u>	X		X		
Clock Drawing*			X		X		X		X		X	<u> </u>	X	<u> </u>	X	<u> </u>	X		
Lexical Fluency*			X		X		X		X		X	<u> </u>	X	<u> </u>	X	<u> </u>	X		
Hopkins Verbal Learning Test-Revis			X		X		X		X		X		X	<u> </u>	X		X		
Benton Judgment of Line Orientatio	on*		X		X		X		X		X	<u> </u>	X	<u> </u>	X	<u> </u>	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		

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)		
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		
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 ^f																			X ^c
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	
Participation in Other Studies		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LEDD Concomitant Medication Lo	g										As Need	led							
Surgery for PD Log											As Need	led							
Report of Pregnancy											As Need	led							
I = Investigator completed assessme																			

I = Investigator 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 previously enrolled participants transitioning into new database at first visit only
- c =-Previously enrolled participants transitioning to new database may be asked to have skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.
- d = Only complete once participant has initiated dopaminergic medication/DBS for treating the symptoms of PD
- e = Completed to record timing of the single MDS-UPDRS assessment during remote visits. If participant is on medications for treating PD, the prefered state for the MDS-UPDRS remote assessment is ON.
- f = Skin biopsy will be conducted at participating sites
- *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 days post LP and skin biopsy per protocol.

 $P = Participant\ completed\ assessment$

Healthy Control Schedule of Activities (Years 0 - 5)

	Visit Number	Screening	Baseline (BL)	V02	V04	V05	90 Λ	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 Informed Consent	i	X						As N	eeded						Х
Continuing Consent					X		X		X		X		X		
Research Proxy Designation		X						•	As Need	ed (I)					
Consent to share contact information	1	X						As N	eeded						X
Informed Consent Tracking Log		X						As N	eeded						X
General Activities															
Demographics		X													х
Family History		X													Х
Socio-Economics		X													Х
Physical Examination		X													
Vital Signs (Height and Weight BL	- Annually)	X	X	X	X	X	X		X		Х		X	Х	
Review Inclusion/Exclusion Criteria		I	I												
Visit Status		X	X	Х	Х	X	X	Х	Х	X	Х	X	X	Х	
Screen Fail		As N	eeded												As Needed
Conclusion of Study Participation								•	As	Needed					
Neurological/Motor Assessments															
Participant Motor Function Question	naire		P		P		P		P		P		P		
Freezing and Falls			X		Х		Х		Х		Х		X		
Neurological Examination		I			I		I		I		I		I	I	
MDS-UPDRS Part Ia, Part III and H	oehn & 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		
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 Scree	ening 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			Х		X		X		Х		Х		
Clock Drawing*		X			X		X		X		Х		X		
Lexical Fluency*			X		X		X		X		Х		X		
Hopkins Verbal Learning Test-Revis	ed*		X		X		X		X		Х		X		
Benton Judgment of Line Orientation	1*		X		X		X		X		X		X		
Semantic Fluency (Animals only)*			X		X		X		X		Х		X		

Healthy Control Schedule of Activities (Years 0 - 5)

	Visit Number	Screening	Baseline (BL)	V 02	V 04	V05	90A	R06	V 08	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)		
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	ults		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 ^d			X				X				X				X ^c
Imaging Activities															
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 Assessmer	nt	X	X		X		X		X		X		X		
Current Medical Conditions Review		X	X	X	X	X	X	Х	X	X	X	X	X	X	
Concomitant Medication Review		X	X	X	X	X	X	X	X	X	X	X	X	X	
Participation in Other Studies								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)

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

b = Transition Activities completed for all previously enrolled participants transitioning into-new database at first visit only

d = Skin biopsy will be conducted at participating sites.

^{*}Completed on paper source first, and then scores entered in EDC.

^{**}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.

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	72	78	84	90	96	102	108	114	120	126	132	138	144	150	156		
Consent Activities		mths	(Y6)	mths	(Y7)	mths	(Y8)	mths	(Y9)	mth	(Y10)	mths	(Y11)	mths	(Y12)	mths	(Y13)		
	÷	<u> </u>								As Ne	adad								v
Documentation of Informed Consent Continuing Consent	ı					ı		ı	v	As Ne		I	v			ı	v		X
Consent to share contact information			X		X		X		X		X As Nee	dod	X		X		X		<u> </u>
Research Proxy Designation	1	\vdash									As Need								
Informed Consent Tracking Log		\vdash									As Nee	- '							
											As Nec	ueu							
General Activities				Г		1	1	ı	ı	1	ı	1		ı	ı	1	ı	<u> </u>	
Demographics		_																	X
Family History		<u> </u>	_	_															X
Socio-Economics		<u> </u>			<u> </u>			<u> </u>			<u> </u>					<u> </u>	<u> </u>		X
Vital Signs + Height and Weight		_	X	_	X		X	<u> </u>	Х		X		X		X	<u> </u>	X	X	
Visit Status		X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X	
Screen Fail		<u> </u>																	As Needed
Conclusion of Study Participation										As Ne	eded								<u> </u>
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 H	Ioehn & Yahr	^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		
Features of Parkinsonism		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		
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 Scree	ening 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*			Х		Х	Π	Х		Х	Π	Х	Π	Х		Х	Ι	Х		
Clock Drawing*			Х		Х		Х		Х		Х		Х		Х		X		
Lexical Fluency*			Х		Х		Х		Х		Х		Х		Х		X		
Hopkins Verbal Learning Test-Revis	sed*		Х		Х		Х		Х		Х		X		Х		Х		
Benton Judgment of Line Orientation			Х		Х		Х		Х		Х		Х		Х		Х		
Semantic Fluency (Animals only)*			Х		Х		Х		X		Х		X		Х		Х		
Letter Number Sequencing*		\vdash	Х		Х	\vdash	Х		X	\vdash	Х		X		Х	\vdash	X		
Symbol Digit Modalities Test*			Х		Х		X		Х		Х		X		Х		X		
Trail Making Test (A and B)*		\vdash	X		X	\vdash	X		X	\vdash	X		X		X	\vdash	X		
Modified Boston Naming Test*			X		X		X		X	\vdash	X		X		Х	\vdash	X		
Cognitive Change		\vdash	P		P	\vdash	P	\vdash	P	\vdash	P		P		P	\vdash	P		
Cognitive Categorization			I		I		I		I		I		I		I		I		
Neuropsychological Assessments			<u> </u>	_	Ė		<u> </u>		<u> </u>	<u> </u>	÷		<u> </u>				<u> </u>		
State-Trait Anxiety Inventory for Ad	ults		P	l	P	ı	P	I	P	I	P	l	P		P	I	P		
interior in emory for Au	•		<u> </u>								<u> </u>				<u> </u>		<u> </u>		

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)			Х		X		X		Х		X		X		X		Х		
Lumbar puncture					X				Х				X				X		
Skin biopsy ^d																			X ^c
Safety and General Health																			
#Adverse Events					X				X				X				X	X	
Adverse Event Telephone Assessmen	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	
Participation in Other Studies		X	Х	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Report of Pregnancy						_					As Need	led							

I = Investigator completed assessment

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 previously enrolled participants transitioning into new database at first visit only

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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 LP and skin biopsy per protocol.