

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)	18 mths	24 (Y2)	30 mths	36 (Y3)	42 mths	48 (Y4)	54 mths	60 (Y5)	---	---
Consent Activities															
Documentation of Informed Consent		X	As Needed												X
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 ON/OFF Determination & Dosing				X	X	X	X	X ^c	X	X ^c	X	X ^c	X		
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 ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d		
MDS-UPDRS Repeat Part III/Hoehn & 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 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		
Benton Judgment of Line Orientation*			X		X		X		X		X		X		
Semantic Fluency (Animals only)*			X		X		X		X		X		X		

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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)	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 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 ^f			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	
Participation in Other Studies		As Needed													
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 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 preferred 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.

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		As Needed																	X
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 ^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	I ^d	I ^d		
MDS-UPDRS ON/OFF Determination & Dosing		X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X		
MDS-UPDRS Repeat Part III/Hoehn & 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																			
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		

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 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 ^f																			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	
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 Log		As Needed																	
Surgery for PD Log		As Needed																	
Report of Pregnancy		As Needed																	

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

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*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.

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		X													
Documentation of Informed Consent			X	As Needed											X
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											
Pre-Screening Activities															
Prodromal History		X													
Olfactory Testing (UPSIT)		P ^g													
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 ON/OFF Determination & Dosing				X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X		
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 ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d	I ^d		
MDS-UPDRS Repeat Part III/Hoehn & 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 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		

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Visit Number		SC (DAT)	BL (Clinic)	R01	V04	R04	V06	R06	V08	R08	V10	R10	V12	Unsched	^b Transition Activities
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Hopkins Verbal Learning Test-Revised*			X		X		X		X		X		X		
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 ^f			X				X				X				X ^e
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		^{As Needed}	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	
Participation in Other Studies															
LEDD Concomitant Medication Log															
Surgery for PD Log															
Report of Pregnancy															

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e = Completed to record timing of the single MDS-UPDRS assessment during remote visits. If participant is on medications for treating PD, the preferred state for the MDS-UPDRS remote assessment is ON.

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

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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	V19	R19	V20	Unsched	^b Transition Activities
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Consent Activities																			
Documentation of Informed Consent		As Needed																	X
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 ^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	I ^d	I ^d		
MDS-UPDRS ON/OFF Determination & Dosing		X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X	X ^c	X		
MDS-UPDRS Repeat Part III/Hoehn & 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																			
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		

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 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 ^f																			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	
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 Log		As Needed																	
Surgery for PD Log		As Needed																	
Report of Pregnancy		As Needed																	

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P = Participant completed assessment

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

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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 preferred 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.

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	12 (Y1)	18 mths	24 (Y2)	30 mths	36 (Y3)	42 mths	48 (Y4)	54 mths	60 (Y5)	---	---
Consent Activities															
Documentation of Informed Consent		X	As Needed												X
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	
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		
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 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		
Benton Judgment of Line Orientation*			X		X		X		X		X		X		
Semantic Fluency (Animals only)*			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
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 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 ^d			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	
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)

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*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 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		As Needed																	X
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		
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 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 ^d																			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	
Participation in Other Studies		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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