Healthy Control Schedule of Activities (Years 0 - 5)

Visit Number	Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	[b]Transition Activities	[H]Event Driven Modified Visit
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												
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													
Program Assessment		X	X	X	X	X	X	X	X	X	X	X		
Vital Signs (Height and Weight BL + Annually)	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		
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		I	I	I	I	I	I	I	I	I	I	I		
MDS-UPDRS Part Ib and Part II		P	P	P	P	P	P	P	P	P	P	P		
MDS-UPDRS Part III Treatment Determination/Motor Exam/Hoehn & Yahr[a]		I	I	I	I	I	I	I	I	I	I	I		
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 Research Diagnosis		I	I	I	I	I	I	I	I	I	I	I		
Clinical Diagnosis		X	X	X	X	X	X	X	X	X	X	X		
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														

Healthy Control Schedule of Activities (Years 0 - 5)

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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)**	---	---
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		
Modified 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													
Research Biosamples (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 tracer injection), if applicable	X													
Dopamine Imaging	X													
MRI		X												
Safety and General Health														
[#]Adverse Events	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		
Participation in Other Studies	As Needed													
Report of Pregnancy	As Needed													

I = Investigator (or trained designee) 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 not assessed for Out of Clinic or Remote "R" 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 a skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.

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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)	---	---

d = Skin biopsy will be conducted at participating sites.

H= see protocol section 11 for modification of visit schedule due to New Clinical Diagnosis, Need for PD Therapy or withdrawal from study

*Completed on paper source first, and then scores entered into EDC.

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

Adverse events collected only day of and 2-3 business days post Dopamine Imaging, LP and skin biopsy per protocol.

As needed assessments can be located under the Event Driven category in EDC