Healthy Control Schedule of Activities (Years 6+)

Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	Annual	Remote	[b]Transition Activities	[u]Event Driven Modified Visit
Assessment **[**]Timepoint**	**66 mths**	**72 (Y6)**	**78 mths**	**84 (Y7)**	**90 mths**	**96 (Y8)**	**102 mths**	**108 (Y9)**	**114 mths**	**120 (Y10)**	**126 mths**	**132 (Y11)**	**138 mths**	**144 (Y12)**	**150 mths**	**156+ (Y13+)**	**162 mths+**	---	---
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																		
Informed Consent Tracking Log	As Needed																		
General Activities																			
Demographics																		X	
Family History																		X	
Socio-Economics																		X	
Program Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Vital Signs + Height and Weight		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			
MDS-UPDRS Part Ia	I	I	I	I	I	I	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	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	I	I	I	I	I	I		
Modified Schwab & England ADL	I	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	I		
Other Clinical Features	I	I	I	I	I	I	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	I	I	I	I	I	I		
Clinical Diagnosis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
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			
Modified 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+)

Visit Number	R12	V13	R13	V14	R14	V15	R15	V16	R16	V17	R17	V18	R18	V19	R19	Annual	Remote	[b]Transition Activities	[H]Event Driven Modified Visit
Assessment / [**]Timepoint	66 mths	72 (Y6)	78 mths	84 (Y7)	90 mths	96 (Y8)	102 mths	108 (Y9)	114 mths	120 (Y10)	126 mths	132 (Y11)	138 mths	144 (Y12)	150 mths	156+ (Y13+)	162 mths+	---	---
Geriatric Depression Scale		P		P		P		P		P		P		P		P			
QUIP		P		P		P		P		P		P		P		P			
Clinical and Biological Samples																			
Research Biosamples (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			
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	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 skin biopsy. If not done at first visit, may be conducted at a subsequent in person visit.

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 in to EDC.

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

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

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