

## Parkinson's Disease Schedule of Activities (Years 0 - 5)

Visit Number	Screening	Baseline (BL)	V02	V04	V05	V06	R06	V08	R08	V10	R10	V12	<sup>H</sup> 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)	--
<b>Consent Activities</b>														
Documentation of Informed Consent	X	As Needed												
Continuing Consent				X		X		X		X		X		
Research Proxy Designation	X	As Needed												
Consent to share contact information	X	As Needed												
Informed Consent Tracking Log	X	As Needed												
<b>General Activities</b>														
Demographics	X													
Family History	X													
Socio-Economics	X													
Physical Examination	I													
myPPMI Registration <sup>S</sup>	X	As Needed												
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	X	
Screen Fail	As Needed													
Conclusion of Study Participation			As Needed											
<b>Neurological/Motor Assessments</b>														
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		
Initiation of Dopaminergic Therapy			X	X	X	X	X	X	X	X	X	X	X	
MDS-UPDRS Part Ia		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	
MDS-UPDRS Part III Treatment Determination/Motor Exam/Hoehn & Yahr <sup>d,e</sup>		I	I	I	I	I		I		I		I		
MDS-UPDRS Repeat Part III/Hoehn & Yahr <sup>b,d,e</sup>		I	I	I	I	I		I		I		I		
MDS-UPDRS Part IV <sup>b,d</sup>		I	I	I	I	I		I		I		I		
Modified Schwab & England ADL		I	I	I	I	I		I		I		I		
Features of Parkinsonism		I	I	I	I	I		I		I		I		
Other Clinical Features		I	I	I	I	I		I		I		I		
Primary Research Diagnosis		I	I	I	I	I		I		I		I		
Clinical Global Impression (CGI)		I		I		I		I		I		I		

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Clinical Diagnosis			X	X	X	X	X	X	X	X	X	X	X	
<b>Non-Motor Assessments</b>														
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	
Participant Global Impression (PGI)			P		P		P		P		P		P	
PDAQ-27			P		P		P		P		P		P	
Neuro QoL			P		P		P		P		P		P	
<b>Cognitive Assessments</b>														
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	
<b>Neuropsychological Assessments</b>														
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	
<b>Clinical and Biological Samples</b>														
Clinical Lab blood sample		X												
Coag PT/PTT		X												
Research Biosamples (blood + urine)		X		X	X	X	X		X		X		X	
Lumbar puncture		X			X		X		X		X		X	
Skin biopsy		X <sup>R</sup>	X <sup>i</sup>				X				X			
<b>Imaging Activities</b>														
Pregnancy Test (prior to tracer injection), if applicable			X		X		X				X			

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Dopamine Imaging			X		X		X				X			
CT Scan		X <sup>K</sup>												
MRI		X <sup>K</sup>	X <sup>J</sup>				X				X			
<b>Safety and General Health</b>														
# 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	
LEDD Concomitant Medication Log		As Needed												
Participation in Other Studies		As Needed												
Procedure for PD Log			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)

b=only completed for participants receiving dopaminergic treatment for PD

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 = Investigator or Coordinator may complete treatment and timing information.

e = If the participant is on levodopa, dopamine agonists, or has had DBS, the MDS-UPDRS Part III should be performed in the OFF and ON state.

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

j = Do not collect at Baseline Visit if collected at Screening Visit

K= Optional if required by the site for pre-LP imaging.

R= Completed at Screening or Baseline based on site preference.

S= Site to inform about myPPMI and assist with registration, if not yet done.

\*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