

Prodromal Schedule of Activities (Years 0 - 5)

Visit Number	SC (SPECT)	BL (Clinic)	R01	V04	R04	V06	R06	V08	R08	V10	R10	V12	^b Transition Activities	^h Event Driven Modified Visit	
Assessment	**Timepoint	-60 days	0	6 mths	12 (Y1) mths	18 (Y2) mths	24 (Y3) mths	30 (Y4) mths	36 (Y5) mths	42 (Y6) mths	48 (Y7) mths	54 (Y8) mths	60 (Y9) mths	--	--
Consent Activities															
Documentation of Prodromal Screening Consent	X														
Documentation of Informed Consent		X	As Needed										X		
Continuing Consent				X		X		X		X		X			
Research Proxy Designation		X	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			
Review Inclusion/Exclusion Criteria	I	I													
Program Assessment		X	X	X	X	X	X	X	X	X	X	X	X		
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			
Initiation of Dopaminergic Therapy			X	X	X	X	X	X	X	X	X	X			
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,d,e}		I	I	I	I	I	I	I	I	I	I	I			
MDS-UPDRS Repeat Part III/Hoehn & Yahr ^{a,d,e}				I		I		I		I		I			
MDS-UPDRS Part IV ^d			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 Global Impression (CGI)		I		I		I		I		I		I			
Clinical Diagnosis		X	X	X	X	X	X	X	X	X	X	X			
Non-Motor Assessments															

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Olfactory Testing (UPSIT)				P		P				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			
Participant Global Impression (PGI)		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			
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			
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 ^j													
Research Biosamples	X ^M	X		X		X		X		X		X			
Lumbar puncture		X		X		X		X		X		X			
Skin biopsy ^f	X	X ^j				X				X			X ^c		
Imaging Activities															
Pregnancy Test (prior to tracer injection), if applicable	X			X		X				X					
Dopamine Imaging	X			X		X				X					
MRI		X		X		X				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		^{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															As Needed

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LEDD Concomitant Medication Log	As Needed														
Surgery 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)

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 = 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.

f = Skin biopsy will be conducted at participating sites.

g = Performed for sites recruiting participants not referred from Screening Core

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

M = Whole blood sample collection is optional at Screening visit, as feasible by the site

*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