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	I	As Needed												I
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		
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		

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)**	---	---
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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 prefered 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																	I
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[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	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		
Other Clinical Features		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		

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)**	---	---
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																	

I = Investigator completed assessment

P = Participant completed assessment

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.

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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.

Prodromal Schedule of Activities (Years 0 - 5)

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	I													
Documentation of Informed Consent		I	As Needed											I
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)	[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		
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		

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)**	---	---
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[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	
Concomitant Medication Review	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
LEDD Concomitant Medication Log			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)

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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

**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.

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)**	**---**	**---**
Consent Activities																		
Documentation of Informed Consent	As Needed																	I
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[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	X	X[e]	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		
Other Clinical Features		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		

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)**	---	---
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																	

I = Investigator completed assessment

P = Participant completed assessment

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 prefered 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		I	As Needed												I
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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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**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																	I
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		
Other Clinical Features		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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