## Schedule of Activities - Longitudinal

### Parkinson’s Disease (PD) Participants

| Activities                              | Months (~30 days) | Freq. (Times) | Reg. | *0-30 days from reg. | 91-120 days from reg. | 181-210 days from reg. | 271-300 days from reg. | 361-390 days from reg. | 451-480 days since reg. | 541-570 days since reg. | 631-660 days since reg. | 721-750 days since reg. | 811-840 days since reg. | 901-930 days since reg. | 991-1020 days since reg. | 1081-1110 days since reg. | 1171-1200 days since reg. | 1261-1290 days since reg. | 1791-1820 days since reg. | Rolling Until Complete |
|-----------------------------------------|-------------------|--------------|------|----------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| FI Account (Registration)               |       | Once         |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Informed Consent                       |       | Once         |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Privacy Agreement                      |       | Once         |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| About You (Profile)                    |       | 12 X         |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Return Visit Questionnaire (PD)         |       | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Tell us how you are completing this study visit |       | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Clinical Global Impression of Change (PD) (CGIC) |   | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| What’s Bothering You? (PD Patient Reported Outcome of Problem (PD-PROP; Shoulson)) |   | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Daily Living (PDQ-8)               |       | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Non-Movement Experiences NMS Quest (PD) |   | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Brief Motor Screen                     |       | 3 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Mood (GDS)                        |       | 12 X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q)) |   | 12 X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Cognition and Daily Activities (PDAQ-15) |   | 6 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Movement Experiences (MDS-UPDRS)   |       | 6 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Physical Activities (PASE)         |       | 12 X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Physical Experiences (EQ-5D-5L)   |       | 6 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Side of Onset                           |       | Once         |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Medications (PD) 2020              |       | 5 X X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
| Your Family Neurological History        |       | 12 X X X X  |      |                      |                       |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        |
### Schedule of Activities - Longitudinal

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<th>Activity</th>
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<td>Your Acute Medical Conditions</td>
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<tr>
<td>Your Medication History</td>
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<tr>
<td>Handedness Questionnaire (Edinburgh Handedness short form)</td>
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*Prior to 9/5/2019, participants had 90 days to complete all questionnaires within a study visit.

*Your Cognition and Daily Activities (PDAQ-15) data and dictionary were recoded 6/1/2020 to reflect the current literature in which LOWER scores mean WORSE cognitive function.

SM: Surveys will be presented in full versions unless noted that survey will be presented in summary mode.
### Schedule of Activities - Longitudinal

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## Cross-sectional health and disease questionnaires

<table>
<thead>
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<td>Patient Therapeutic Preferences Questionnaire</td>
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<td>Understanding Psychosis and its Burden on Caregivers</td>
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<td>The role of stress in Parkinson’s disease</td>
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<td>Compensation strategies to improve walking in persons with PD</td>
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<td>Cannabis Use in PD</td>
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<td>Experiences with Sensory Misperceptions</td>
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<td>Repetitive Head Impact</td>
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<td>Assessing discrimination in healthcare, quality of life and PD symptom burden</td>
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<td>COVID-19 Experience in the PD Community – Part 2</td>
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<td>Medication Deprescribing and Clinical Research Study Participation</td>
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<td>Care Partner Experiences</td>
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<td>Experiences of Women Living with PD – Female Health and Home Life</td>
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<td>Attitudes and Beliefs Regarding Research and Genetic Testing for Parkinson’s disease</td>
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<td>Mood disorders and Parkinson’s disease</td>
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<td>Experiences of Women Living with PD – Pre, Peri, and Post Menopause</td>
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<td>Impact of Thinking, Mood, and Motor Symptoms</td>
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Deep Brain Stimulation (DBS) in Early Stage Parkinson’s disease

All