

**Schedule of Activities- Longitudinal**  
**Schedule of Activities- Parkinson's Disease (PD) Participants**

|  | Freq.<br>(months) | Reg.     | *0-30<br>days<br>from<br>reg. | 91-<br>120<br>days<br>from<br>reg. | 181-<br>210<br>days<br>from<br>reg. | 271-<br>300<br>days<br>from<br>reg. | 361-<br>390<br>days<br>from<br>reg. | 451-<br>480<br>days<br>since<br>reg. | 541-<br>570<br>days<br>since<br>reg. | 631-<br>660<br>days<br>since<br>reg. | 721-<br>750<br>days<br>since<br>reg. | 811-<br>840<br>days<br>since<br>reg. | 901-<br>930<br>days<br>since<br>reg. | 991-<br>1020<br>days<br>since<br>reg. | 1081<br>-<br>1110<br>days<br>since<br>reg. | 1171<br>-<br>1200<br>days<br>since<br>reg. | 1261<br>-<br>1290<br>days<br>since<br>reg. | 1791<br>-<br>1820<br>days<br>since<br>reg. | Rolling Until<br>Complete |
|--|-------------------|----------|-------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|--|--|--|--|---------------------------|
| <b>Activities</b> Months (~30 days)  |                   | <b>0</b> | <b>0</b>                      | <b>3</b>                           | <b>6</b>                            | <b>9</b>                            | <b>12</b>                           | <b>15</b>                            | <b>18</b>                            | <b>21</b>                            | <b>24</b>                            | <b>27</b>                            | <b>30</b>                            | <b>33</b>                             | <b>36</b>                                  | <b>39</b>                                  | <b>42</b>                                  | <b>60</b>                                  |                           |
| FI Account (Registration)  | Once              | X        |                               |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  |                           |
| Informed Consent   | Once              | X        |                               |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  |                           |
| Privacy Agreement  | Once              | X        |                               |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  |                           |
| About You (Profile)  | 12                | X        |                               |                                    |                                     |                                     | X<br>(SM)                           |                                      |                                      |                                      | X<br>(SM)                            |                                      |                                      |                                       | X<br>(SM)                                  |  |  |  | X                         |
| Return Visit Questionnaire (PD)  | 3                 |          |                               | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Tell us how you are completing this study visit                                    | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Clinical Global Impression of Change (PD) (CGIC)                                   | 3                 |          |                               | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| What's Bothering You? (PD Patient Reported Outcome of Problem (PD-PROP; Shoulson)) | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Your Daily Living (PDQ-8)  | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Your Non-Movement Experiences NMS Quest (PD)                                       | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Brief Motor Screen   | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Your Mood (GDS)  | 12                |          | X                             | X                                  |                                     |                                     |                                     | X                                    |                                      |                                      |                                      | X                                    |                                      |                                       |  | X  |  |  |                           |
| Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q))     | 12                |          | X                             |                                    | X                                   |                                     |                                     |                                      | X                                    |                                      |                                      |                                      | X                                    |                                       |  |  | X  |  |                           |
| Your Cognition and Daily Activities (PDAQ-15) <sup>a</sup>                         | 6                 |          | X                             |                                    | X                                   |                                     | X                                   |                                      | X                                    |                                      | X                                    |                                      | X                                    |                                       | X  |  | X  |  |                           |
| Your Movement Experiences (MDS-UPDRS)  | 6                 |          | X                             | X                                  |                                     | X                                   |                                     | X                                    |                                      | X                                    |                                      | X                                    |                                      | X                                     |  | X  |  |  |                           |
| Your Physical Activities (PASE)  | 12                |          | X                             | X                                  |                                     |                                     |                                     | X                                    |                                      |                                      |                                      | X                                    |                                      |                                       |  | X  |  |  |                           |
| Your Physical Experiences (EQ-5D-5L)   | 6                 |          | X                             | X                                  |                                     | X                                   |                                     | X                                    |                                      | X                                    |                                      | X                                    |                                      | X                                     |  | X  |  | X  |                           |
| Side of Onset  | Once              |          | X                             |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  | X                         |
| Your Medications (PD)_2020   | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                           |
| Your Family Neurological History   | 12                |          | X                             | X<br>(SM)                          |                                     |                                     |                                     | X<br>(SM)                            |                                      |                                      |                                      | X<br>(SM)                            |                                      |                                       |  | X<br>(SM)                                  |  |  |                           |



Schedule of Activities- Longitudinal

Schedule of Activities- **NON-PD Participants**

|  | Freq.<br>(months) | Reg.     | *0-30<br>days<br>from<br>reg. | 91-<br>120<br>days<br>from<br>reg. | 181-<br>210<br>days<br>from<br>reg. | 271-<br>300<br>days<br>from<br>reg. | 361-<br>390<br>days<br>from<br>reg. | 451-<br>480<br>days<br>since<br>reg. | 541-<br>570<br>days<br>since<br>reg. | 631-<br>660<br>days<br>since<br>reg. | 721-<br>750<br>days<br>since<br>reg. | 811-<br>840<br>days<br>since<br>reg. | 901-<br>930<br>days<br>since<br>reg. | 991-<br>1020<br>days<br>since<br>reg. | 1081<br>-<br>1110<br>days<br>since<br>reg. | 1171<br>-<br>1200<br>days<br>since<br>reg. | 1261<br>-<br>1290<br>days<br>since<br>reg. | 1791<br>-<br>1820<br>days<br>since<br>reg. | Rolling<br>Until<br>Complete |
|--|-------------------|----------|-------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|--|--|--|--|------------------------------|
| <b>Activities</b> <b>Months (~30 days)</b>                                     |                   | <b>0</b> | <b>0</b>                      | <b>3</b>                           | <b>6</b>                            | <b>9</b>                            | <b>12</b>                           | <b>15</b>                            | <b>18</b>                            | <b>21</b>                            | <b>24</b>                            | <b>27</b>                            | <b>30</b>                            | <b>33</b>                             | <b>36</b>                                  | <b>39</b>                                  | <b>42</b>                                  | <b>60</b>                                  |                              |
| FI Account (Registration)  | once              | X        |                               |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  |                              |
| Informed Consent   | once              | X        |                               |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  |                              |
| Privacy Agreement  | once              | X        |                               |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  |                              |
| About You (Profile)  | 12                | X        |                               |                                    |                                     |                                     | X<br>(SM)                           |                                      |                                      |                                      | X<br>(SM)                            |                                      |                                      |                                       | X<br>(SM)                                  |  |  |  | X                            |
| Return Visit Questionnaire (Non-PD)  | 3                 |          |                               | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                              |
| Clinical Global Impression of Change (Non-PD) (CGIC)                           | 3                 |          |                               | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                              |
| Brief Motor Screen   | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                              |
| Your Non-Movement Experiences NMS Quest (Non-PD)                               | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                              |
| Your Mood (GDS)  | 12                |          | X                             | X                                  |                                     |                                     |                                     | X                                    |                                      |                                      |                                      | X                                    |                                      |                                       | X  |  |  |  |                              |
| Your Sleep Habits (REM Sleep Behavior Disorder Single-Question Screen (RBD1Q)) | 12                |          | X                             |                                    | X                                   |                                     |                                     |                                      | X                                    |                                      |                                      |                                      | X                                    |                                       |  |  | X  |  |                              |
| Your Cognition and Daily Activities (PDAQ-15)                                  | 6                 |          | X                             |                                    | X                                   |                                     | X                                   |                                      | X                                    |                                      | X                                    |                                      | X                                    |                                       | X  |  | X  |  |                              |
| Your Physical Activities (PASE)  | 12                |          | X                             | X                                  |                                     |                                     |                                     | X                                    |                                      |                                      |                                      | X                                    |                                      |                                       | X  |  |  |  |                              |
| Your Physical Experiences (EQ-5D-5L)   | 6                 |          | X                             | X                                  |                                     | X                                   |                                     | X                                    |                                      | X                                    |                                      | X                                    |                                      | X                                     |  |  |  | X  |                              |
| Your Family Neurological History   | 12                |          | X                             | X<br>(SM)                          |                                     |                                     |                                     | X<br>(SM)                            |                                      |                                      |                                      | X<br>(SM)                            |                                      |                                       |  | X<br>(SM)                                  |  |  |                              |
| Your Health History  | Once              |          | X                             |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  | X                            |
| Your Current Health  | 12                |          | X                             | X<br>(SM)                          |                                     |                                     |                                     | X<br>(SM)                            |                                      |                                      |                                      | X<br>(SM)                            |                                      |                                       |  | X<br>(SM)                                  |  |  |                              |
| Your Acute Medical Conditions  | 12                |          |                               | X                                  |                                     |                                     |                                     | X                                    |                                      |                                      |                                      | X                                    |                                      |                                       | X  |  |  |  | X                            |
| Your Medications (Non-PD)  | 3                 |          | X                             | X                                  | X                                   | X                                   | X                                   | X                                    | X                                    | X                                    | X                                    | X                                    | X                                    | X                                     | X  | X  | X  | X  |                              |
| Handedness Questionnaire (Edinburgh Handedness short form)                     | Once              |          | X                             |                                    |                                     |                                     |                                     |                                      |                                      |                                      |                                      |                                      |                                      |                                       |  |  |  |  | X                            |

\*Prior to 9/5/2019, participants had 90 days to complete all questionnaires within a study visit.

SM: Surveys will be presented in full versions unless noted that survey will be presented in summary mode

### Cross-sectional health and disease questionnaires

| Questionnaire name   | Cohort |
|--|--------|
| Environmental Exposure Questionnaires  | All    |
| Patient Therapeutic Preferences Questionnaire  | PD     |
| Impact and Communication on OFF Periods  | PD     |
| The Financial and Social Impact of Parkinson's Disease Survey                        | PD     |
| Understanding OFF and ON in Parkinson's Patients                                     | PD     |
| Understanding Fatigue in Parkinson's Patients  | PD     |
| Understanding Psychosis and its Burden on Caregivers                                 | Non-PD |
| The role of stress in Parkinson's disease  | PD     |
| The Role of Stress in Parkinson's disease (Control)                                  | Non-PD |
| Compensation strategies to improve walking in persons with PD                        | PD     |
| Cannabis Use in PD   | PD     |
| Experiences with Sensory Misperceptions  | All    |
| COVID-19 Experience in the PD Community  | All    |
| Repetitive Head Impact   | All    |
| Assessing discrimination in healthcare, quality of life and PD symptom burden        | All    |
| COVID-19 Experience in the PD Community – Part 2                                     | All    |
| Medication Deprescribing and Clinical Research Study Participation                   | All    |
| Care Partner Experiences   | Non-PD |
| Experiences of Women Living with PD – Female Health and Home Life                    | PD     |
| Attitudes and Beliefs Regarding Research and Genetic Testing for Parkinson's disease | All    |
| Mood disorders and Parkinson's disease   | All    |
| Experiences of Women Living with PD – Pre, Peri, and Post Menopause                  | PD     |
| Impact of Thinking, Mood, and Motor Symptoms   | PD     |

|  |     |
|--|-----|
| Deep Brain Stimulation (DBS) in Early Stage Parkinson's disease                        | All |
| Understanding Parkinson's Disease, Neurodevelopment and Autism Spectrum Disorder (ASD) | All |
| Uncertainty in Parkinson's Disease   | PD  |