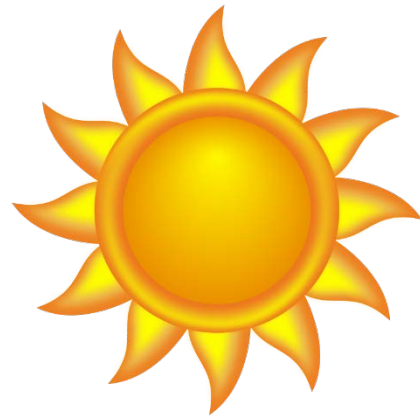


XYZ-PD Study

Calendar of Activities



What is the Purpose of this Document?

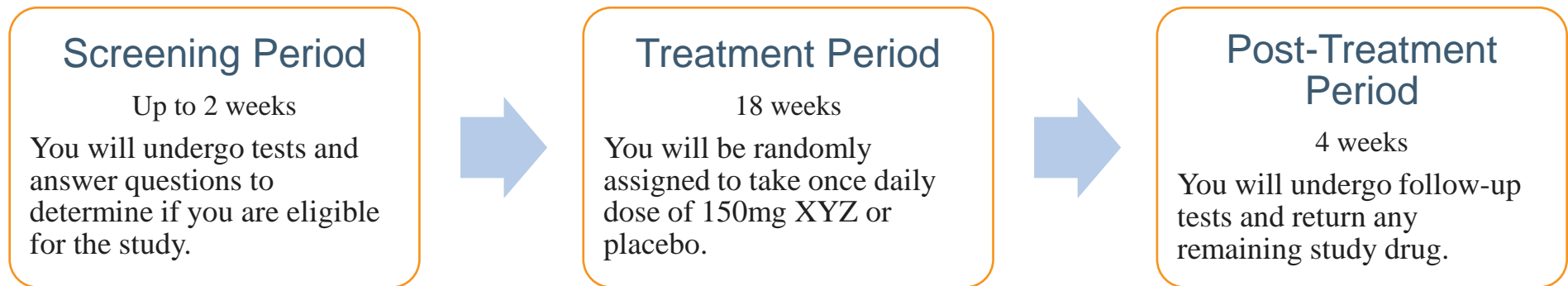
This is a calendar that provides you with an overview of the activities involved in each visit of the XYZ-PD study. Please use this calendar as a guide for your participation in this study. As always, our study team is here to answer any questions. Please contact **John Smith** at **1-800-555-5555** or jsmith@university.edu with any questions or concerns.

What to Expect in this Study?

- > You will be asked to come to the clinic for 7 study visits.
- > You will be part of the study for 6 months.
- > You will be randomly assigned to a once daily dose of XYZ drug or placebo (an inactive pill often used in research studies to determine whether the active study drug is effective).
- > You will be asked to provide a blood sample at several visit.
- > You will be asked to undergo two lumbar punctures to provide spinal fluid (a needle is carefully inserted into the spinal column low the back and fluid is collected to help assess the study drug's effect).
- > You will be provided a stipend after each visit.
- > You may also be eligible for our transportation program in which a car service is arranged and paid on your behalf. Please tell us know if you have difficulties arranging transportation for your study visits.

Study Structure and Timeline

Below is a timeline outlining the stages of study participation and a description of what to expect at each stage.



	Visit No./ Type	What to Expect?						
Screening Period	<p>Visit 1 – Office Visit</p>	<p><u>Date:</u> ___ / ___ / ___</p> <p style="text-align: right;"><u>Time Commitment:</u> 2 hours</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <p><input type="checkbox"/> Bring any questions you may have about study</p> <p><u>Visit Details:</u></p> <p><input type="checkbox"/> Review the study and answer any questions you may have</p> <p><input type="checkbox"/> Sign an informed consent document if you wish to participate in the study</p> <p><input type="checkbox"/> Review your medical and neurological history including your current medication use</p> <p><input type="checkbox"/> Perform a physical and neurological exam</p> <p><input type="checkbox"/> Take a small blood sample to check your general health</p> <p><u>Participant Resources:</u> \$25 stipend</p> <p><u>Take-Home Materials:</u></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Study folder</td> <td><input type="checkbox"/> Copy of your signed informed consent form</td> </tr> <tr> <td><input type="checkbox"/> Study brochure</td> <td><input type="checkbox"/> Lumbar puncture FAQ</td> </tr> <tr> <td><input type="checkbox"/> Study diary</td> <td><input type="checkbox"/> Study appointment card</td> </tr> </table> <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>	<input type="checkbox"/> Study folder	<input type="checkbox"/> Copy of your signed informed consent form	<input type="checkbox"/> Study brochure	<input type="checkbox"/> Lumbar puncture FAQ	<input type="checkbox"/> Study diary	<input type="checkbox"/> Study appointment card
<input type="checkbox"/> Study folder	<input type="checkbox"/> Copy of your signed informed consent form							
<input type="checkbox"/> Study brochure	<input type="checkbox"/> Lumbar puncture FAQ							
<input type="checkbox"/> Study diary	<input type="checkbox"/> Study appointment card							



	Visit No./ Type	What to Expect?
Treatment Period	<p>Visit 2 – Office Visit</p>	<p>Date: ____ / ____ / ____</p> <p style="text-align: right;"><u>Time Commitment:</u> 1 hour</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Bring any questions you may have about the study or procedures <input type="checkbox"/> Please bring your study diary <p><u>Visit Details:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Answer any questions you may have <input type="checkbox"/> Perform a physical exam <input type="checkbox"/> Perform a lumbar puncture (where a needle is carefully inserted into the spinal column low in the back) to collect spinal fluid <p><u>Participant Resources:</u> \$100 stipend</p> <p><u>Take-Home Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Study appointment card <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>



	Visit No./ Type	What to Expect?
Treatment Period	Visit 3 – Office Visit	<p>Date: ____ / ____ / ____ <u>Time Commitment:</u> 3 hours</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Please do not take your Parkinson’s medication 12 hours before this visit <input type="checkbox"/> Please bring your Parkinson’s medication to the clinic. You will take your medication during the visit. <input type="checkbox"/> Please bring your study diary <p><u>Visit Details:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assess your Parkinson’s symptoms, while off your Parkinson’s medications and then while on your Parkinson’s medications <input type="checkbox"/> Take a blood sample for biomarker studies (a biomarker is a substance in our bodies, like cholesterol levels, that may reflect disease activity in the body) <input type="checkbox"/> Randomly assign you to study drug (XYZ or placebo) and take your first dose during the visit <p><u>Participant Resources:</u> \$100 stipend</p> <p><u>Take-Home Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 1-month supply of study drug along with instructions <input type="checkbox"/> Study diary <input type="checkbox"/> Physician notification letter to inform your doctor of your study participation (if applicable) <input type="checkbox"/> Study wallet card to keep on your person throughout the study <input type="checkbox"/> Study appointment card <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>



	Visit No./ Type	What to Expect?
Treatment Period	<p>Visit 4 – Office Visit</p>	<p>Date: ____ / ____ / ____ <u>Time Commitment:</u> 1 hour</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Please bring your Parkinson’s medication to the clinic <input type="checkbox"/> Please bring all study drug bottles (empty, partially used and unused) <input type="checkbox"/> Please bring your study diary <p><u>Visit Details:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Review your current medication use, including over the counter medications, vitamins, and herbals <input type="checkbox"/> Ask questions about your health and any problems you may have had since your last visit <input type="checkbox"/> Review study drug and how to return study drug <p><u>Participant Resources:</u> \$100 stipend</p> <p><u>Take-Home Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Study drug <input type="checkbox"/> XYZ-PD study water bottle <input type="checkbox"/> Study appointment card <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>



	Visit No./ Type	What to Expect?
Treatment Period	Visit 5 – Office Visit	<p>Date: ____ / ____ / ____ <u>Time Commitment:</u> 2 hours</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Please bring your Parkinson’s medication to the clinic <input type="checkbox"/> Please bring all study drug bottles (empty, partially used and unused) <input type="checkbox"/> Please bring your study diary <p><u>Visit Details:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Assess your Parkinson’s symptoms <input type="checkbox"/> Take a blood sample to measure study drug levels in your body <input type="checkbox"/> Review your current medication use, including over the counter medications, vitamins and herbals <input type="checkbox"/> Ask questions about your health and any problems you may have had since you last visit <input type="checkbox"/> Review study drug bottles: empty, partially used and unused <p><u>Participant Resources:</u> \$100 stipend</p> <p><u>Take-Home Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Study appointment card <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>



	Visit No./ Type	What to Expect?
Post-Treatment Period	Visit 6 – Office Visit	<p>Date: ____ / ____ / ____ <u>Time Commitment:</u> 3 hours</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Please bring your Parkinson’s medication to the clinic <input type="checkbox"/> Please bring all study drug bottles (empty, partially used and unused) <input type="checkbox"/> Please bring your study diary <p><u>Visit Details:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform a physical exam <input type="checkbox"/> Ask questions about your health and any problems you may have had since you last visit <input type="checkbox"/> Assess your Parkinson’s symptoms, while off your Parkinson’s medications and then while on your Parkinson’s medications <input type="checkbox"/> Perform a lumbar puncture (where a needle is carefully inserted into the spinal column low in the back) to collect cerebral spinal fluid. <p><u>Participant Resources:</u> \$100 stipend</p> <p><u>Take-Home Materials:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Study appointment card <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>



	Visit No./ Type	What to Expect?
Post-Treatment Period	Visit 7 – Office Visit	<p>Date: ____ / ____ / ____</p> <p style="text-align: right;"><u>Time Commitment:</u> 1 hour</p> <p><u>How to Prepare/What to Bring with Me:</u></p> <p><input type="checkbox"/> Please bring your study diary</p> <p><u>Visit Details:</u></p> <p><input type="checkbox"/> Perform a physical exam</p> <p><input type="checkbox"/> Ask questions about your health and any problems you may have had since you last visit</p> <p><u>Participant Resources:</u> \$100 stipend</p> <p><u>Take-Home Materials:</u></p> <p><input type="checkbox"/> XYZ-PD study blanket</p> <p><u>Reminders:</u> We will give you a call in 2 weeks to remind you to complete your diary.</p> <p><u>Notes:</u></p>



**Thank You for
Participating in the
XYZ-PD Study!**

