

Supplementary Table 2. Follow-up screening questionnaire for clinical prodromal markers (F/U SQ-CPM)

Item	Response
1. Clinical prodromal marker screening	
1) Have you had any problems smelling odors compared with 1 year ago? (Hyposmia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you had any constipation, recently? (Constipation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2-1) How many times do you evacuate per day, recently?	[]
3) Have you been told since last year, or suspected yourself, that you seem to 'act out your dreams' while asleep? (for example, punching, flailing your arms in the air, making running movements, etc.)? (RBD1Q)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Motor symptom screening	
1) Do you feel that you move more slowly or stiffly than last year? (Bradykinesia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever walked with a stooped posture since last year? (Stooped posture)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you ever noticed that you do not swing your arms when you walk as much as you did last year? (Rigidity)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) In the past year, have you ever found it difficult to start walking from a standstill or have difficulty in stopping suddenly when you want to? (Freezing, gait instability)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Clinical diagnosis of parkinsonism?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F/U, follow-up; SQ-CPM, screening questionnaire of clinical prodromal markers; RBD1Q, rapid eye movement sleep behavior disorder single-question screen.