Keep this schedule in a safe place so you can refer to it throughout the study.

**Legend**
- Surveys
- Physical Ability Tests
- Brain Function Tests
- Blood
- Nasal Swab
- Stool
- Study Drug
- Safety Check

### Study Drug Dosing Period (Day 0 to Day 25)

<table>
<thead>
<tr>
<th>Day 0</th>
<th>Day 15</th>
<th>Day 25</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline Visit</strong> (about 4 hours)</td>
<td><strong>Study Drug Dosing Midpoint Visit</strong> (about 4-6 hours)</td>
<td><strong>End of Dosing Visit</strong> (about 4-6 hours)</td>
</tr>
<tr>
<td><strong>Visit Date:</strong></td>
<td><strong>Visit Date:</strong></td>
<td><strong>Visit Date:</strong></td>
</tr>
</tbody>
</table>

**Information**
- Review current medicines
- Review study requirements
- Begin study drug
- Complete a survey soon after your visit about how you are feeling
- Begin weekly surveys by phone or online through the end of the study
- Review current medicines
- Check if taking study drug as directed
- Review current medicines
- Check if taking study drug as directed
- Review current medicines
- Check if taking study drug as directed
- Return any unused study drug
- Complete a survey soon after your visit about how you are feeling

**Assessments**
- Surveys
- Physical ability tests or brain function tests
- Blood sample, if needed
- Nasal swab samples, if needed
- Stool sample, if needed
- Safety check
- Surveys
- Blood sample
- Nasal swab samples
- Safety check
- Surveys
- Physical ability tests or brain function tests
- Blood sample
- Nasal swab samples
- Safety check
## Follow-Up Period (Day 26 to Day 180)

<table>
<thead>
<tr>
<th>Day 45</th>
<th>Day 60</th>
<th>Day 90</th>
<th>Day 120</th>
<th>Day 180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-Up (about 45 minutes)</td>
<td>Follow-Up (about 45 minutes)</td>
<td>Follow-Up (about 4 hours)</td>
<td>Follow-Up (about 45 minutes)</td>
<td>End of Study Phone Call (about 30 minutes)</td>
</tr>
<tr>
<td>Optional Visit Date:</td>
<td>Optional Visit Date:</td>
<td>Visit Date:</td>
<td>Optional Visit Date:</td>
<td>Phone Call Date:</td>
</tr>
</tbody>
</table>

### Information
- Review current medicines
- Review current medicines
- Review current medicines
- Review current medicines
- Review current medicines
- End weekly surveys

### Assessments

#### Required (from home):
- Surveys
- Safety check
- Surveys
- Physical ability tests or brain function tests
- Blood sample
- Nasal swab samples
- Blood sample
- Nasal swab samples
- Surveys
- Safety check

#### Optional (clinic visit, about 45 minutes):
- Blood sample
- Nasal swab samples
- Blood sample
- Nasal swab samples
- Blood sample
- Nasal swab samples
- Blood sample
- Nasal swab samples
- Surveys
- Safety check