Online Table 11: Parent Symptom Survey Results by Treatment Group

Cells reflect mean response score unless otherwise specified. Note: A higher number reflects a more negative response (5=Always, 4=Often, 3=Sometimes, 2=Rarely, 1=Never)

	Enrollment		4-week Visit		10-week Visit		16-week Visit		18-week Visit		26-week Visit	
	Levodopa	Placebo	Levodopa	Placebo	Levodopa	Placebo	Levodopa	Placebo	Levodopa	Placebo	Levodopa	Placebo
	N=90	N=49	N=88	N=47	N=88	N=47	N=87	N=46	N=87	N=45	N=86	N=45
How often has your child been tired or sleepy?	2.13	2.22	2.08	1.98	1.75	2.04	1.82	2.09	1.67	1.71	1.65	1.80
How often has your child experienced nausea?	1.50	1.63	1.44	1.41	1.24	1.45	1.24	1.29	1.20	1.11	1.14	1.33
How often has your child experienced vomiting?	1.39	1.43	1.17	1.11	1.06	1.13	1.11	1.11	1.10	1.00	1.11	1.18
How often has your child experienced excessive sweating?	1.30	1.33	1.09	1.13	1.06	1.19	1.11	1.29	1.06	1.20	1.06	1.09
How often has your child had difficulty with buttons?	1.33	1.39	1.14	1.22	1.10	1.19	1.09	1.13	1.06	1.13	1.09	1.13
How often has your child been anxious or nervous?	1.80	1.80	1.45	1.52	1.43	1.40	1.41	1.29	1.33	1.16	1.32	1.20
How often has your child had nightmares?	1.53	1.71	1.24	1.39	1.36	1.45	1.31	1.42	1.18	1.22	1.24	1.38
How often has your child had shortness of breath?	1.13	1.18	1.07	1.02	1.05	1.15	1.10	1.07	1.05	1.09	1.05	1.11
How often has your child been lightheaded?	1.17	1.14	1.14	1.09	1.08	1.19	1.15	1.09	1.07	1.02	1.09	1.09
How often has your child had involuntary (uncontrolled) movements?	1.04	1.02	1.05	1.07	1.03	1.15	1.11	1.11	1.05	1.07	1.05	1.09
How often have has your child blurry vision?	1.82	1.84	1.46	1.35	1.32	1.40	1.31	1.22	1.25	1.33	1.38	1.29
How often has your child experienced a skin rash?	1.41	1.29	1.22	1.15	1.21	1.06	1.23	1.18	1.15	1.13	1.18	1.09
How often has your child had a tingling feeling?	1.18	1.04	1.08	1.02	1.05	1.02	1.06	1.04	1.02	1.02	1.01	1.09
How often has your child had a headache?	1.79	2.00	1.80	1.74	1.78	1.74	1.56	1.49	1.47	1.42	1.62	1.49
How often has your child been confused?	1.29	1.16	1.23	1.20	1.11	1.21	1.26	1.13	1.11	1.09	1.19	1.18
How often has your child complained of muscle cramps?	1.34	1.35	1.18	1.09	1.15	1.32	1.17	1.24	1.07	1.20	1.12	1.27
How often have has your child difficulty drinking from a cup?	1.00	1.00	1.03	1.00	1.00	1.00	1.01	1.00	1.00	1.00	1.01	1.00
Overall Questions	1.42	1.44	1.29	1.26	1.22	1.30	1.24	1.25	1.17	1.17	1.19	1.22
Mean change from baseline	NA	NA	-0.15	-0.20	-0.21	-0.16	-0.19	-0.19	-0.26	-0.27	-0.24	-0.22
P-value for difference between groups in mean change from baseline		NA		0.30		0.33		0.97		0.92		0.74

^{*}P-value from t-test evaluating change in Symptom Score from baseline between treatment groups