



BRAIN HEALTH RECRUITMENT FORM

ID NUMBER:

FORM CODE:

DATE: 8/08/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Complete this form for all participants who completed ACHIEVE Year 3.

1. [DO NOT ASK PARTICIPANT] Are you planning to invite the participant to join Brain Health Follow-Up?

Yes..... Y → **Go to item 2**
No N

1a. If no, why?

- A = Deceased (after completion of ACHIEVE) → **End form**
- B = Already stated not interested in any future ACHIEVE studies → **End form**
- C = Not able to comply with site procedures → **End form**
- D = Other

1b. If other, specify: _____ → **End form**

2. Is the participant interested in participating in the ancillary study, Brain Health Follow-up?

Yes..... Y → **Go to item 3**
No N
Unable to be reached U → **End form**

2a. If no, why?: _____ → **End form**

3. Are you planning to move away from the area in the next 3 years to a place that would be impossible for us to continue follow-up visits?

Yes..... Y → **Not eligible**
No N

Instructions for Q4: If participant is planning to leave area permanently (Q3=Y), enter N for Q4. Otherwise enter Y (eligible).

4. Is the participant eligible?.....

Yes..... Y
No N