BRAIN HEALTH RECRUITMENT FORM

0a. Completion Date: __/__/____ 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
   □ I = 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