BHFU Disposition Form

ADMINISTRATIVE INFORMATION

0a. Completion Date: / / 0b. Staff ID: 
Month Day Year

0c. Date tablet returned to clinic: / / 
Month Day Year

Instructions: Update this form to record any changes to study participation in the Brain Health Follow-up Study.

1. Date of disposition: / / 

2. Disposition category:

☐ A = Withdrew consent
☐ B = Participant lost to follow-up
☐ C = Death
☐ D = Discontinued study due to adverse event other than death
☐ E = Completed study

a. Date of death: / / 

b. Cause of death: 

C. Date of adverse event other than death: / / 

3. Did the investigator review and sign off on the participant’s disposition?

☐ Y = Yes
☐ N = No