



RANDOMIZATION FORM

ID NUMBER:

FORM CODE:

DATE: 9/17/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Complete this form to randomize a participant or cohabiting partner pair on the day of their study visit. Partner pairs are randomized from the same RANH form and the RANH form only needs to be completed for one participant within the partner pair.

A. INCLUSION AND EXCLUSION CRITERIA

1. Is the participant enrolling with a spouse or cohabiting partner?

1=Yes

0=No **[Save form and run eligibility check]**

1a. What is the cohabiting partner's ACHIEVE participant ID number? _____
[Save form and run eligibility check]

B. ELIGIBILITY DETERMINATION

CLICK SAVE

CLICK the link below to determine the eligibility of the participant AND/OR cohabiting partner pair.

Eligibility Determination; CLICK here:

C. RANDOMIZATION

2. I confirm that all eligibility criteria are met and I am ready to assign an intervention to this participant or cohabiting partner pair.

Yes..... Y

No..... N → Intervention assignment is unable to be completed at this time.

CLICK SAVE and RELOAD to assign an intervention.

3. Treatment Assignment: _____

D. GRANDPAD ASSIGNMENT

4. Did the participant accept a GrandPad?.....

Yes.....Y

No.....N → End form

5. PPT GrandPad subscription ID:

6. Did the participant's partner accept a GrandPad?.....

Yes.....Y

No.....N → End form

7. Partner GrandPad subscription ID: