Section 1: BHFU No PHI Final Data Sets (V1.0)

BHFU Informed Consent Form: FORM CODE=BICR_NP VERSION=01.00

Data set name: BICR_NP

BICR0A_FOLLOWUPDAYS		*Days Of Follow Up From Randomization Date To Bicr Completion Date*
N	*Value*	*Description*
629	Range	1237 - 2085 (median=1672 mean=1643.9 std=160.6)

BICR0A_YEAR		*Year Of Bicr Completion Date*
N	*Value*	*Description*
585	2023	
44	2024	

BICR1		*Agee To Participate In Bhfu*
N	*Value*	*Description*
629	A	

BICR2		*Agree To Allow Contact With Primary Care Doctor, Physician, Clinic, Or Person Designated In The Event Of An Mri Incidental Finding*
N	*Value*	*Description*
510	A	
30	N	
89		Missing

BICR3		*Agree To Provide Ssn To Connect With Sources Of Medical Information*
N	*Value*	*Description*
559	A	
70	N	

BICR4		*Agree To Allow Use Of Information Provided By Hearing Aid Manufacturer For Research Record*
N	*Value*	*Description*
618	A	
7	N	
4		Missing

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BICR5		*Participant Accepted Tablet*
N	*Value*	*Description*
251	H	
48	N	
329	Y	
1		Missing

BICR6		*Agree To Allow Contact For Future Research*
N	*Value*	*Description*
627	A	
2	N	

BICR7		*Enrolling With A Spouse Or Cohabiting Partner*
N	*Value*	*Description*
577	N	
52	Y	

EVENTNAME		*EVENTNAME*
N	*Value*	*Description*
629	ANX Administrative	

FORM		*FORM*
N	*Value*	*Description*
629	BICR	

OCCURRENCE		*OCCURRENCE*
N	*Value*	*Description*
629	1	

SUBJECTID		*SubjectID*
N	*Value*	*Description*
629	Present	Text suppressed

VERS		*VERS*
N	*Value*	*Description*
629	0100	