BHFU SURVEILLANCE INFORMED CONSENT FORM

ID NUMBER: | | | | | | | |

FORM CODE: | B | I | C | R | S |

DATE: 07/02/2025
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0b. Staff ID: ☐☐☐

Instructions: *This form is completed by project staff for any participant who has completed BHFU.*

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

   Yes..... Y→ **Go to item 2**
   No ..... N

   1a. If no, why?

   - ☐A = Deceased (after completing BHFU Y3) → **End form**
   - ☐B = Already stated not interested in any future ACHIEVE ANX studies → **End form**
   - ☐C = Not able to comply with site procedures → **End form**
   - ☐D = Participant already has ACHIEVE-classified dementia → **End form**
   - ☐E = Participant is unable to be reached → **End form**
   - ☐F = Other

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

Review the addendum consent with the participant.

2. Does the participant agree to participate in ACHIEVE Brain Health Follow-Up Surveillance as described in the addendum informed consent document?
   - ☐A = Agree – **GO TO ITEM 3**
   - ☐N = Does NOT agree

   2a. What is the reason the participant does not agree to participate? – **END OF FORM**

   _____

3. Is the participant enrolling with a spouse or cohabiting partner?
   - ☐Y = Yes
   - ☐N = No – **END OF FORM**

4. Spouse or cohabiting partner's participant ID number: ☐☐☐☐☐☐☐