



# BHFU EXTENSION INFORMED CONSENT FORM

ID NUMBER:

FORM CODE: BICRX

DATE: 02/15/2024  
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 the extended follow-up of Brain Health Follow-Up? .....

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

1a. If no, why?

- A = Deceased (after completing BHFU) → **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 is planning to relocate after BHFU → **End form**
- E = Insufficient time remaining in study to complete additional visit → **End form**
- F = Participant is unable to be reached → **End form**
- G = Other

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

2. Agree to participate in the extended data collection of the ACHIEVE Brain Health Follow-up study as described in the extended follow-up informed consent document?

- A = Agree – **GO TO ITEM 3**
- N = Do NOT agree

2a. What is the reason you do 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. Cohabiting partner's participant ID number: