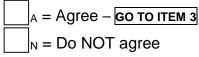
ID       FORM CODE:       B       I       C       R       DATE: 02/15/2024         VUMBER:       I       I       C       R       X       DATE: 02/15/2024
ADMINISTRATIVE INFORMATION 0a. Completion Date:/
Instructions: This form is completed by project staff for any participant who has completed BHFU.
<ol> <li>[DO NOT ASK PARTICIPANT] Are you planning to invite the participant to join the extended follow-up of Brain Health Follow-Up?</li> <li>Yes</li></ol>
1a. If no, why? $\Box_A = \text{Deceased (after completing BHFU)} \rightarrow \underline{\text{End form}}$ $\Box_B = \text{Already stated not interested in any future ACHIEVE ANX studies} \rightarrow \underline{\text{End form}}$ $\Box_C = \text{Not able to comply with site procedures} \rightarrow \underline{\text{End form}}$ $\Box_D = \text{Participant is planning to relocate after BHFU} \rightarrow \underline{\text{End form}}$ $\Box_E = \text{Insufficient time remaining in study to complete additional visit} \rightarrow \underline{\text{End form}}$ $\Box_F = \text{Participant is unable to be reached} \rightarrow \underline{\text{End form}}$ $\Box_G = \text{Other}$ 1b. If other, specify:

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?



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: