February 2, 2021

Anna-Novella Davis-Reeves

341 Chesterfield Avenue

Nashville, TN 37212

RE: **Memory & Aging Project 7 Year Follow-Up Visit – Wednesday, January 20th, 2021 at 1:00pm**

Dear Mrs. Davis-Reeves,

Thank you for participating in the **Memory & Aging Project (MAP) Study**. Your 7 year follow-up visit is scheduled for **Wednesday, January 20th, 2021 at 1:00pm and will last approximately 4 hours**.

1. **Study Itinerary and Visit Instructions.** We have included a study visit itinerary with a schedule and instructions for how to prepare for the day. **It is important that you carefully read the visit day instructions and closely follow them****.** Your appointment will be held exclusively at your home. A MAP team member will arrive at your home on **Wednesday, January 20th, 2021 at 1:00pm** to complete all components of your visit.
2. **Consent Statement.** This document describes the **MAP Study**. You completed this form when you originally came in for your enrollment visit, but we ask that you complete and sign this document again at each follow-up visit. Please read the form thoroughly before the appointment. We will ask you and your study partner, Vernessa, to sign the consent form after we review it with you at the appointment. If your study partner does not plan to attend, we will mail them a copy to sign and return prior to your visit.
3. **Medical History Forms & Questionnaires.** Prior to your appointment, please **complete ALL questionnaires** and bring the completed forms to your appointment. **Be sure to bring all of your medications with you to your appointment.**

If you have any questions, you may reach us at **615-347-6937**. We look forward to seeing you **Wednesday, January 20th, 2021 at 1:00pm** and thank you for your contribution to our research efforts.

Sincerely,



Paige E. Crepezzi, BSN, RN

Memory & Aging Project

Research Nurse Specialist