February 2, 2021

Paul Frank

151 Day Star Court

Gallatin, TN 37066

RE: **Memory & Aging Project 7 Year Follow-Up Visit (Questionnaires and Interview Only)**

Dear Mr. Frank,

Thank you for your continued participation in the **Memory & Aging Project (MAP) Study**. Enclosed in this envelope, you will find the following:

1. **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. Because you will only be completing a phone interview and questionnaires, a majority of this consent document does not apply to you. There is a note on the first page of the document stating that you will be completing the questionnaires and interview by phone only. We have already marked “No” for each optional piece in the document because these items do not apply to you. We have enclosed two copies of the consent form labeled ‘RETURN’ and ‘KEEP’ on the top of the first page. **Your signature is only required on pages 8 and 11.** Once you have read and signed the consent document labelled ‘RETURN’, please send it back to us using the enclosed envelope. The copy labeled ‘KEEP’ is for you to keep for your records.
2. **Medical History Forms & Questionnaires.** When you have a moment, please **complete ALL enclosed questionnaires and forms**.
3. **Stamped/Addressed Envelope.** We have included a stamped and pre-addressed envelope for you to mail back your paperwork.

Once we receive this paperwork, we will call you to schedule your phone interview. If you have any questions, you may reach us at **615-347-6937**. We look forward to speaking with you and thank you for your contribution to our research efforts!

Sincerely,



Paige E. Crepezzi, BSN, RN

Memory & Aging Project

Research Nurse Specialist