



Participant ID:

Participant Initials:

Clinical Center:

Site:

RC ID:

ANCILLARY STUDIES: PARTICIPATION INFORMATION

[This case report form is completed when the data is first collected in an ancillary study(s) at a visit.]

Please use the date in which the data was first collected. Multiple studies can be recorded at a visit.

Seq No.	Visit #	Date Collected (mm/dd/yyyy)	Ancillary See "Ancillary Legend" below.	Date of Withdrawal (mm/dd/yyyy)
_____	_____	____/____/____	_____	____/____/____
_____	_____	____/____/____	_____	____/____/____
_____	_____	____/____/____	_____	____/____/____
_____	_____	____/____/____	_____	____/____/____

Ancillary Legend:

- 1 = Cognitive Function (Yaffe)
- 2 = Pulse Wave Velocity (Townsend)
- 3 = Retinopathy CRIC (Grunwald)
- 4 = Sleep Disturbances (VanCauter)
- 5 = Hepatitis C (HCV)
- 6 = Cognitive Study 2 (Tamura/Yaffe)
- 7 = Census Block Group (Lash)