# SECTION A: Exam 7 Scheduling Script (without LAR)

As you may have learned from the winter newsletter, MESA is doing another exam: number 7! Your long-standing commitment to MESA is invaluable and we are excited to invite you to come back and see us.

The exam will take about 5-8 hours and involves a number of familiar elements like a review of your medical history and medications, measuring your blood pressure, height, and weigh, and a blood draw. You will also have the opportunity to participate in some new research involving small “wearable” devices that measure health and functioning across the entire day.

This exam will continue your wonderful contribution to science and medical research. When would it be most convenient to schedule your visit?

# [DATE: \_ \_ /\_ \_/\_ \_ \_ \_ TIME: am/pm]. GO TO SECTION B

* *If participant indicates unwillingness to schedule a visit right now:* When would be a good time for me to call you back to schedule your visit? **[DATE: \_ \_ /\_ \_/\_ \_ \_ \_ TIME: am/pm]**
* *If participant indicates inability to travel to clinic:* I understand that it would be hard for you to come to the clinic. If, in the future, we are able to come do portions of the exam at your home, would you be interested? **[Y / N]**

Thank you so much for talking with me today. We greatly appreciate your participation in MESA. If you have any questions, please feel free to call us at the clinic at (*clinic telephone number*)

# SECTION B: Option Verbal Consent for Exam 7 Questionnaires

***Use this section if the exam visit is scheduled and the participant does not require a LAR for consent (based on MESA MIND Cognitive adjudication or events reporting). Since questionnaires are minimal risk and non-invasive, staff are allowed flexibility to not complete interviews or the verbal consent process if they think a participant lacks decision-making capacity (like the MESA Follow-up call process).***

Just like the previous MESA Exams that you have completed, Exam 7 includes about one hour of questionnaires about your health and lifestyle, and your home and neighborhood environment. Some of the questions ask about sensitive topics like drug or alcohol use. If you would like to reduce the amount of time that you spend in clinic for your exam, you can choose to complete these questionnaires before you come to the clinic.

The questions can take up to one hour, and you can choose to complete as many or as few as you like. We can complete them over the phone, or I can send you paper forms to complete at home and bring to your clinic visit. I can also send you a web link to complete them on your own using a computer or tablet.

We will keep your MESA record with the records from all of the people who join MESA. We will store all of these records securely. Your address will be ‘geocoded’ to allow it to be mapped in order to describe your neighborhood. This includes describing stores, hospitals, pollution, nature, and how easy it is to get around in your neighborhood.

Participating in MESA may be a risk to your privacy. If there is a data breach, someone could see or use your MESA record without permission. There is a chance they could figure out who you are. They could use information from your MESA record against you. It could impact your employment, insurance, or family relationships. Your privacy is very important to us. We will take great care to protect it. We believe the risk to your privacy is low, but it is not zero.

Your decision to completion these questionnaires ahead of the clinic visit does not affect your status as a MESA participant. If you have questions later about the research, or if think you have been harmed by participating in this study, you can contact the [ENTER CONTACT INFORMATION HERE].

Do you voluntarily agree to complete the Exam 7 participant questionnaires before your Exam 7 visit? Record participant’s response: Yes No

Participant name Typed name of person obtaining consent

Date MESA Tech/Interviewer ID

*Continue with the Questionnaire consent form in REDCap and record participant’s response. If participant consents, or has already consented, to the questionnaire, proceed with the Wave 2 COVID-19 Questionnaire.*

*If no - >* Thank you for your time. We appreciate your participation in MESA! **[END]**

*If Yes * Great!

*Indicate “Verbal Consent for Exam 7 Questionnaires” is “Yes” in the Exam 7 Clinic Reception Form. Complete Personal History, Medical History, Health & Life, Environmental Exposures, Neighborhood Questionnaire, Sleep Questionnaire*

Thank you so much for talking with me today. We greatly appreciate your participation in MESA and we look forward to seeing you at the MESA Clinic. If you have any questions, please feel free to call us at the clinic at (*clinic telephone number*)

# Section C: Scheduling Script with LAR

As you may have learned from the winter newsletter, MESA is doing another exam: number 7! Your long-standing commitment to MESA is invaluable and we are excited to invite you to come back and see us.

The full exam could take up to about 6 hours, but you can choose to do as much or as little of the exam as you want. The exam involves a number of familiar elements like a review of your medical history and medications, measuring your blood pressure, height, and weigh, and a blood draw. You will also have the opportunity to participate in some new research involving small “wearable” devices that measure health and functioning across the entire day.

This exam will continue your wonderful contribution to science and medical research. When would it be most convenient to schedule your visit? **[DATE: \_ \_ /\_ \_/\_ \_ \_ \_ TIME: am/pm]**

* *If participant indicates unwillingness to schedule a visit right now:* When would be a good time for me to call you back to schedule your visit? **[DATE: \_ \_ /\_ \_/\_ \_ \_ \_ TIME: am/pm]**
* *If participant indicates inability to travel to clinic:* I understand that it would be hard for you to come to the clinic. If, in the future, we are able to come do portions of the exam at your home, would you be interested? **[Y / N]**

Because this study visit includes questions about thinking and memory, we are sometimes required by the study’s local Institutional Review Board to ensure your understanding of the study and what is expected of you. In some instances, when understanding is not complete, we are required to have a legally authorized representative for the participant sign the consent. Therefore, we request that you identify a friend or family member who you trust and bring them with you to your visit. The person could be a spouse, close relative, best friend, or someone who knows you very well.

Who is this person for you?

**Study Informant /LAR** Name: Telephone number:

Relationship to you: Can they come to the visit with you?

Thank you so much for talking with me today. We greatly appreciate your participation in MESA. If you have any questions, please feel free to call us at the clinic at (*clinic telephone number*)