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*)