

Alzheimer's Disease Anti-inflammatory Prevention Trial – Follow-up Study  
*Telephone Introduction Script for Participant*

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*After getting participant (P) on the phone –*

Hello. My name is XXXXXXX. I'm calling from the XXXX field site of the ADAPT study. Recently, we sent you a letter explaining that we are going to contact ADAPT participants again.

The purpose of this telephone follow-up with ADAPT participants is to understand the long-term effects of the treatments that were used in ADAPT. Since you participated in ADAPT, we would like to ask you a few questions about how you have been doing over the past 3 years and do a brief check of your memory and concentration.

The questions I'm asking today will take about 30 minutes to complete for most people. Depending on your answers to these questions, we may ask you to have more testing later on to learn as much as possible about your memory and concentration abilities. We will contact you again to let you know if we would like you to have more testing.

You can choose whether or not to continue to participate in ADAPT. Your choice will not affect any care that you receive at XXXX.

There may be no direct benefit to you for participating in this study, but if you are having trouble with your memory, we may provide you with further memory testing. Many people take part in studies like these because they want to contribute to research. If you are such a person, you may find that this is a benefit.

We will make every effort to keep the information that you give us private. Only people working on the ADAPT study will have access to your study records. We will collect personal information such as your address and phone number and information about your friends and family, but this information will not be entered into the computer data files for this study. We will label your data with a code instead of your name.

Do you have any questions about the ADAPT study?

Would you be willing to answer a few questions to test your memory?

*If no, thank the participant for his/her time.*

*If P is too impaired to begin administering TAB assessments, attempt to schedule a Dementia evaluation visit (DEV) with the participant and a collateral respondent.*

You should take as much time as you need to answer the questions. Some of them may seem easy, but some will be harder. You don't have to answer any question if you don't want to. If you're having a lot of trouble with any question, or if you can't answer it, please tell me and we can skip to the next question.

OK. If you're ready, I'll begin . . . . .

*Go to TAB booklet and administer the assessments.*