

Form Checklist

Data Collection Point	Form Name	Form Code	Version	Completed	Reason Not Completed	
18 Month Community Follow-Up <input type="checkbox"/>	Contact Information*	CONTACT-CFU	V07May2019	<input type="checkbox"/>		
	Community Questionnaire	CQ-CFU or CQ-CFU Core	V07May2019	<input type="checkbox"/>		
	Neurology Pack	NS-MULT & N-MULT	V07May2019	<input type="checkbox"/>		
			V07May2019	<input type="checkbox"/>		
	If participant will complete Community Follow-up questionnaires by mail:					
	Community Questionnaire Mail Cover Page	CQ-Cover-CFU	V07May2019	<input type="checkbox"/>		
	If participant has passed away:					
	End of Study	EOS	V07May2019	<input type="checkbox"/>		
If participant's consent status has changed:						
Consent Tracking	CT-All	V07May2019	<input type="checkbox"/>			
18 Month Community Follow-Up – Standing and Walking Mobility Group site <input type="checkbox"/>	Clinical Information – 10MWT	CI-Mobility-10MWT-MULT	V07May2019	<input type="checkbox"/>		
	Clinical Information – Modified Activities Specific Balance Confidence Scale	CI-Mobility-ABC-MULT	V07May2019	<input type="checkbox"/>		
5 Year Community Follow-Up <input type="checkbox"/>	Contact Information*	CONTACT-CFU	V07May2019	<input type="checkbox"/>		
	Community Questionnaire	CQ-CFU or CQ-CFU Core	V07May2019	<input type="checkbox"/>		
	If participant will complete Community Follow-up questionnaires by mail:					
	Community Questionnaire Mail Cover Page	CQ-Cover-CFU	V07May2019	<input type="checkbox"/>		
	If participant has passed away:					
	End of Study	EOS	V07May2019	<input type="checkbox"/>		
	If participant's consent status has changed:					
Consent Tracking	CT-All	V07May2019	<input type="checkbox"/>			

* Contains personal identifiers and must be stored separately from main case report forms.

Form Checklist - continued

10 Year Community Follow-Up <input type="checkbox"/>	Contact Information*	CONTACT-CFU or CQ-CFU Core	V07May2019	<input type="checkbox"/>		
	Community Questionnaire	CQ-CFU	V07May2019	<input type="checkbox"/>		
	If participant will complete Community Follow-up questionnaires by mail:					
	Community Questionnaire Mail Cover Page	CQ-Cover-CFU	V07May2019	<input type="checkbox"/>		
	If participant has passed away:					
	End of Study	EOS	V07May2019	<input type="checkbox"/>		
	If participant's consent status has changed:					
Consent Tracking	CT-All	V07May2019	<input type="checkbox"/>			
15 Year Community Follow-Up <input type="checkbox"/>	Contact Information*	CONTACT-CFU	V07May2019	<input type="checkbox"/>		
	Community Questionnaire	CQ-CFU or CQ-CFU Core	V07May2019	<input type="checkbox"/>		
	If participant will complete Community Follow-up questionnaires by mail:					
	Community Questionnaire Mail Cover Page	CQ-Cover-CFU	V07May2019	<input type="checkbox"/>		
	If participant has passed away:					
	End of Study	EOS	V07May2019	<input type="checkbox"/>		
	If participant's consent status has changed:					
Consent Tracking	CT-All	V07May2019	<input type="checkbox"/>			
20 Year Community Follow-Up <input type="checkbox"/>	Contact Information*	CONTACT-CFU	V07May2019	<input type="checkbox"/>		
	Community Questionnaire	CQ-CFU or CQ-CFU Core	V07May2019	<input type="checkbox"/>		
	If participant will complete Community Follow-up questionnaires by mail:					
	Community Questionnaire Mail Cover Page	CQ-Cover-CFU	V07May2019	<input type="checkbox"/>		
	If participant has passed away:					
	End of Study	EOS	V07May2019	<input type="checkbox"/>		
	If participant's consent status has changed:					
Consent Tracking	CT-All	V07May2019	<input type="checkbox"/>			

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