

GrandPad Expectations

You have chosen to receive a GrandPad tablet device to use during this study. Please take good care of it. At the end of your participation in the study, you will be required to either:

1.	. Return the device to your ACHIEVE site	
	-OR-	
2.	Subscribe to GrandPad with a personal account the ACHIEVE study. Details regarding the subscan be provided to you by your ACHIEVE study.	oscription process and pricing
There is the option to share some of your information with GrandPad, as described below. GrandPad will keep your information secure, similar to how your medical information is protected (HIPAA compliance).		
	at they can call you to provide technical supportant to share your phone number with Grand	· ·
	□ Yes □ No	
Your signature below means that you have read and understand this document. Let us know if you have any questions or concerns.		
Signat	cure of Participant	Date