



BHFU INFORMED CONSENT FORM

ID NUMBER:

FORM CODE:

DATE: 07/25/2022
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form is completed by project staff after the initial study BHFU informed consent is signed.

A. CONSENT STATUS

1. Agree to participate in ACHIEVE Brain Health Follow-up study as described in informed consent document?

A = Agree – **GO TO ITEM 2**

N = Do NOT agree

1a. What is the reason you do not agree to participate? – **END OF FORM**

2. Agree to allow ACHIEVE team to contact physician or person that you designate in the event of an MRI incidental finding?

A = Agree

N = Do NOT agree

3. Agree to provide SSN for ACHIEVE team to connect with sources of medical information?

A = Agree

N = Do NOT agree

4. Agree to allow ACHIEVE team to use data provided by the hearing aid manufacturer as part of your research record?

A = Agree

N = Do NOT agree

5. Did the participant accept a tablet?

Yes.....Y

No, not interested.....N

No, already has HIFU deviceH

6. Agree to allow the ACHIEVE team to contact you about your interest in participating in future research?

A = Agree

N = Do NOT agree

7. Is the participant enrolling with a spouse or cohabiting partner?

Y = Yes

N = No – **END OF FORM**

8. Cohabiting partner's participant ID number: