HIFU INFORMED CONSENT FORM

ADMINISTRATIVE INFORMATION

0a. Completion Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] 0b. Staff ID: [ ] [ ] [ ]

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

A. CONSENT STATUS

1. Agree to participate in ACHIEVE Hearing Intervention 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 the Principal Investigators and ACHIEVE study team members to make and use audio recordings of me (or the participant I represent) for the purpose of this study.
   - A = Agree
   - N = do NOT agree

3. Agree to allow the Principal Investigators and ACHIEVE study team members to make and use video recordings of me (or the participant I represent) for the purpose of this study.
   - A = Agree
   - N = do NOT agree

4. Agree to allow the Principal Investigators and ACHIEVE study team members to use data about my (or the participant I represent) hearing aid provided by the hearing aid manufacturer for the purpose of this study.
   - A = Agree
   - N = do NOT agree

5. Agree to allow the Principal Investigators and ACHIEVE study team members to use information about the time spent on different applications on my (or the participant I represent) tablet device for the purpose of this study.
   - A = Agree
   - N = do NOT agree

ID NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ] FORM CODE: H I C R

DATE: 06/14/2021
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