



# HIFU INFORMED CONSENT FORM

ID NUMBER:

FORM CODE: HICR

DATE: 06/14/2021  
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 informed consent is signed.*

## A. CONSENT STATUS

1. Agree to participate in ACHIEVE Hearing Intervention Follow-up study as described in informed consent document.

<sub>A</sub> = Agree – **GO TO ITEM 2**

<sub>N</sub> = 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.

<sub>A</sub> = Agree

<sub>N</sub> = 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.

<sub>A</sub> = Agree

<sub>N</sub> = 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.

<sub>A</sub> = Agree

<sub>N</sub> = 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.

<sub>A</sub> = Agree

<sub>N</sub> = do NOT agree