



# INFORMED CONSENT FORM

ID NUMBER:

FORM CODE:

DATE: 07/25/2017  
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 study as described in informed consent document.

- <sub>A</sub> = Agree ->Go to Question 2
- <sub>N</sub> = do NOT agree

1a. What is the reason you do not agree to participate?

---

2. Allow study personnel to contact me about my interest in participating in future health-related studies.

- <sub>A</sub> = Agree
- <sub>N</sub> = do NOT agree