



RECONSENT WITH PROXY FORM

ID NUMBER:

FORM CODE: RWP

DATE: 01/27/2019
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: This form is completed by project staff after a participant has been re-consented to continue with the ACHIEVE protocol with consent from a designated proxy.

A. CONSENT STATUS

1. PARTICIPANT agrees to continue in ACHIEVE as described in the informed consent document that includes information about a designated proxy.

_A = Agree → **Go to Question 2**

_N = do NOT agree

1a. What is the reason you do not agree to continue ACHIEVE with a proxy?

2. Participant's PROXY agrees to participate in ACHIEVE study as described in the informed consent document that includes information about a designated proxy.

_A = Agree → **Go to Question 3**

_N = do NOT agree

2a. What is the reason proxy does not agree to participate in ACHIEVE?

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

_A = Agree

_N = do NOT agree