ANX RECONSENT WITH PROXY FORM

ID NUMBER: __________ FORM CODE: RWPX DATE: 04/12/2024

ADMINISTRATIVE INFORMATION
0a. Completion Date: ______/____/____ 0b. Staff ID: ______
Month Day Year

Instructions: This form is completed by project staff after a participant has been re-consented to continue with the ACHIEVE ancillary protocol with consent from a designated proxy. The ANX Reconsent with Proxy report lists participant IDs that should be reconsented with a proxy and to which study.

A. Hearing Intervention Follow-Up Study
1. PARTICIPANT agrees to continue in ACHIEVE HIFU 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 HIFU with a proxy?

____________________________________________________________________________________

2. Participant's PROXY agrees to participate in ACHIEVE HIFU 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 HIFU?

____________________________________________________________________________________

B. Brain Health Follow-Up Study
3. PARTICIPANT agrees to continue in ACHIEVE BHFU as described in the informed consent document that includes information about a designated proxy.

☐ A = Agree  → Go to Question 4
☐ N = do NOT agree

3a. What is the reason you do not agree to continue ACHIEVE BHFU with a proxy?

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

☐ A = Agree → Go to Question 5
☐ N = do NOT agree

4a. What is the reason proxy does not agree to participate in ACHIEVE BHFU?

C. Brain Health Follow-Up Extension Study

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

☐ A = Agree → Go to Question 6
☐ N = do NOT agree

5a. What is the reason you do not agree to continue ACHIEVE BHFU Extension with a proxy?

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

☐ A = Agree → END FORM
☐ N = do NOT agree

6a. What is the reason proxy does not agree to participate in ACHIEVE BHFU Extension? → END FORM