



INSTRUCTIONS FOR ANX RECONSENT WITH PROXY FORM (RWPX)

I. General Instructions

This form is completed by project staff after a participant has been re-consented to continue with the ACHIEVE ANX protocol(s) with consent from a designated proxy. Complete only those sections that are relevant for the participant and their enrolled study or studies. Section A pertains to HIFU, section B to BHFU, and section C to BHFU Extension. Non-relevant sections may be left blank without noting the question fields as permanently missing.

II. Detailed instructions for each item

Enter form information for Participant ID selected from the study ID list:

0a. Enter the date the form was completed.

0b. Enter staff ID of the person who administered the form.

A. Hearing Intervention Follow-Up (HIFU) Study

1. Record whether the participant agreed to continue in ACHIEVE HIFU as described in the informed consent document that includes information about a designated proxy.

- Select A if participant agrees: *Skip to Question 2*
- Select N if participant does not agree to consent

1a. Record the participant's reason for not agreeing to continue in ACHIEVE HIFU with a proxy. Leaving the answer blank is also acceptable.

2. Record whether the participant's proxy agreed to act as the participant's proxy for continuing in ACHIEVE HIFU as described in the informed consent document that includes information about a designated proxy.

- Select A if proxy agrees: *Skip to Question 3 if reconsenting to BHFU*
-
- Select N if proxy does not agree

2a. Record the proxy's reason for not agreeing to have the participant continue in ACHIEVE HIFU with them acting as the proxy. Leaving the answer blank is also acceptable.

B. Brain Health Follow-Up (BHFU) Study

3. Record whether the participant agreed to continue in ACHIEVE BHFU as described in the informed consent document that includes information about a designated proxy. If the participant is not being re-consented into BHFU then mark the field as permanently missing and move to Section C.

- Select A if participant agrees: *Skip to Question 4*
 - Select N if participant does not agree to consent
- 3a. Record the participant's reason for not agreeing to continue in ACHIEVE BHFU with a proxy. Leaving the answer blank is also acceptable.
4. Record whether the participant's proxy agreed to act as the participant's proxy for continuing in ACHIEVE BHFU as described in the informed consent document that includes information about a designated proxy.
- Select A if proxy agrees: *Skip to Question 5 if re consenting to BHFU Ext*
 - Select N if proxy does not agree
- 4a. Record the proxy's reason for not agreeing to have the participant continue in ACHIEVE BHFU with them acting as the proxy. Leaving the answer blank is also acceptable.

C. Brain Health Follow-Up Extension (BHFU Ext) Study

5. Record whether the participant agreed to continue in ACHIEVE BHFU Ext as described in the informed consent document that includes information about a designated proxy.
- Select A if participant agrees: *Skip to Question 6*
 - Select N if participant does not agree to consent
- 5a. Record the participant's reason for not agreeing to continue in ACHIEVE BHFU Ext with a proxy. Leaving the answer blank is also acceptable.
6. Record whether the participant's proxy agreed to act as the participant's proxy for continuing in ACHIEVE BHFU Ext as described in the informed consent document that includes information about a designated proxy.
- Select A if proxy agrees: *Save and Close form*
 - Select N if proxy does not agree
- 6a. Record the proxy's reason for not agreeing to have the participant continue in ACHIEVE BHFU Ext with them acting as the proxy. Leaving the answer blank is also acceptable. *Save and Close the form.*