



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

□ □ □ □ □ □ □ □ □ □

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 13/01/2015

Consent Tracking and Interview Feasibility

Please Mark the Appropriate Box Below:

- ².....This Form was Administered In-Person by Study Personnel
- ³.....This Form was Administered via Telephone by Study Personnel

Informed Consent

1. Who signed the informed consent document?

- ¹.....Participant Go to **Q2a**
- ²..... Legally Authorized Representative Go to **Q2a**

2a. Date Participant/ LAR signed LLFS Consent Form:

□ □ / □ □ □ / □ □ □ □
d d / m m m / y y y y

If not signed, end here, not consented

2b. Version Number

□ □

or

Version Date

□ □ / □ □ □ / □ □ □ □
d d / m m m / y y y y

Participant ID: _____

Participant Name Code: _____

2c. Consent form documents that participant allows blinded data/samples to be shared with other investigators:

1 Yes
 0 No

2d. Consent form documents that participant allows samples to be stored for future research:

1 Yes
 0 No

2e. Consent form documents access to medical records:

1 Yes
 0 No

2f. Consent form documents access to Medicare data:

1 Yes
 0 No

2g. Consent form documents access to Social Security Number:

1 Yes
 0 No

3. Date Participant signed HIPAA Authorization (*not applicable to BU or UP Field Centers; see Q2a*):

/ /
d d / m m m / y y y y

Interview Feasibility

Is the Respondent able to ...	Yes, Without <u>Any</u> Difficulty	Yes, with <u>Little</u> Difficulty	Yes, with <u>Great</u> Difficulty	No	N/A (Mark for Phone Visits)
4a. See?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^N
4b. Hear?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	
4c. Understand?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	
4d. Speak?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	

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Participant Name Code: _____

Interviewer: After completing this section, please use your best judgment to determine whether any visual, auditory or cognitive impairments will make it impossible for the participant to participate in this study. If you reach this conclusion, please check the appropriate box below and write down which impairment(s) are severe enough to warrant a discontinuation of this study visit.

4e. Is the examination feasible?

¹Yes

⁰No Reason: _____

5. Is the participant confined to *[his/her]* bed? (*Only out of bed when going to the toilet and taking a bath*)

¹Yes

⁰No

^NNot Applicable (Participating in Phone Visit)
