LONG LIFE FAMILY STUDY

(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: [1]**Visit 1** [3]**Visit 2** [4]**Visit 2 (New Participant)**

Form Version Date: __**14/01/2015**_

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].....Surrogate (parent, offspring or spouse)	Go to **Q1a**
☐[3].....Court-Appointed Guardian	Go to **Q1a**
☐[4].....Patient-Chosen Surrogate (PSC)	Go to **Q1a**

1a. Verify that participant gave assent for participation in LLFS:

☐[1].....Yes	Go to **Q2a**
☐[0].....No	**Participant not consented…end here**

2a. Date Participant/Surrogate/Court-Appointed Guardian/PSC signed LLFS Consent Form:

☐☐/☐☐☐/☐☐☐☐

d d/ m m m/ y y y y

2b. Version Number ☐☐

or

Version Date ☐☐/☐☐☐/☐☐☐☐

d d/ m m m/ y y y y

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 participant's permission to measure cholesterol and other blood factors, and release results, indicating any unexpected abnormalities that may be clinically significant, to the participant's physician.

☐ 1 .....Yes
☐ 0 .....No

2f. Consent form documents participant's permission to prepare and test DNA that may be associated with age-related health conditions as well as for those genes related to other conditions not age-related

☐ 1 .....Yes
☐ 0 .....No

2g. Consent form documents participant's permission to create and store a cell line.

☐ 1 .....Yes
☐ 0 .....No

2h. Consent form documents participant's permission to share blood samples with investigators who are not part of the study.

☐ 1 .....Yes
☐ 0 .....No

2i. Consent form documents participant's permission to release name and contact information to an ExamOne phlebotomist (when applicable).

☐ 1 .....Yes
☐ 0 .....No
☐ N .....N/A (e.g. LLFS staff member drew participant's blood)

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 Any Difficulty	Yes, with Little Difficulty	Yes, with Great Difficulty	No	N/A (Mark for Phone Visits)
4a. See?	☐3	☐2	☐1	☐0	☐N
4b. Hear?	☐3	☐2	☐1	☐0	
4c. Understand?	☐3	☐2	☐1	☐0	
4d. Speak?	☐3	☐2	☐1	☐0	

***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?

☐1.....Yes
☐0.....No Reason: _____

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

☐1.....Yes
☐0.....No
☐N .....Not Applicable (Participating in Phone Visit)
