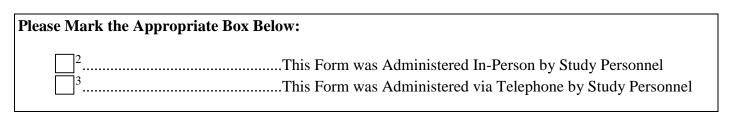
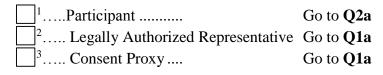
SIP	(Affix Label Here) Participant ID:		_ d 0	Date Form Filled Out:			
LONG LIFE	Participant Name	e Code:	-	ver Code: Circle Field Ce CU	enter Locati	on: UP	
Circle Visit: Form Version Date:	¹ Visit 1 _13/01/2015	³ Visit 2	⁴ Visit	⁴ Visit 2 (New Participant)			

Consent Tracking and Interview Feasibility



Informed Consent

1. Who signed the informed consent document?

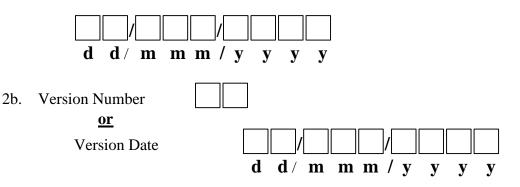


1a. Verify that participant gave assent for participation in LLFS:



Go to Q2a Participant not consented...end here

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



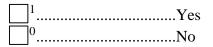
2c. Consent form documents that participant allows blinded data/samples to be shared with other investigators:



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



2e. Consent form documents that participant's permission to release findings from tests and examinations to participant's physician.

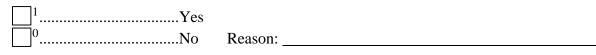


Interview Feasibility

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?	3			0	
4b. Hear?	3	2	1	0	
4c. Understand?	3	2	1	0	
4d. Speak?	3	\square^2		0	

<u>Interviewer</u>: 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?



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

