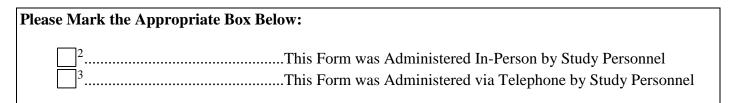
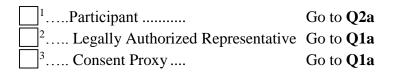
	(Affix Label Here)		Date Form Filled Out:				
	Participant ID:			d d		M y y IUN2005)	ууу
	Participant Name Code:		Interviewer Code:				
LONG LIFE			Circle Field Center Location:				
FAMILY STUDY				BU	CU	DK	UP
Circle Visit:	¹ Visit 1	³ Visit 2		⁴ Visit 2 (New Part	ticipant)	
Form Version Date: _13/01/2015							

Consent Tracking and Interview Feasibility



Informed Consent

1. Who signed the informed consent document?

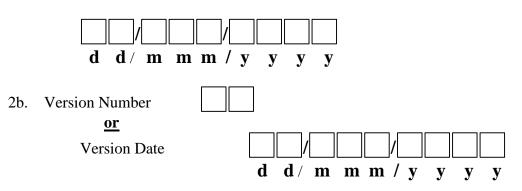


1a. Verify that participant gave assent for participation in LLFS:



Go to Q2a Participant not consented...end here

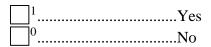
2a. Date Participant/Proxy/LAR signed LLFS Consent Form:



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 participant's permission to release findings from tests and examinations to participant's physician.



2f. Consent form documents participant's permission to prepare DNA.



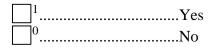
2g. Consent form documents participant's permission to create a cell line.



2h. Consent form documents participant's permission to test DNA for genes related to the main goals of study.



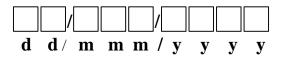
2i. Consent form documents participant's permission to test DNA for genes related to the secondary goals of the study.



2j. Consent form documents participant's permission to access DNA to researchers from private companies who wish to develop diagnostic lab tests or pharmaceutical therapies.



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



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	2		0	N
4b. Hear?	3	2	1	0	
4c. Understand?	3	2		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?

¹ Yes		
0No	Reason: _	

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

¹ Yes	
⁰ No	
Not Applicable (Partie	cipating in Phone Visit)