Chapter 4

Procedures for Contacting, Consenting, and Interviewing Participants and Study Partners/Proxies/LARs

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Introduction: This chapter details procedures for knowing who to contact, how to obtain informed consent, and how to determine the need and roles for study partners/proxies/LARs. The vast majority of participants in the LLFS will be cognitively normal. For these participants, contacting, consenting, and interview processes will be relatively straightforward. However, since a subset of participants in LLFS will have significant cognitive impairment, it is essential to be familiar with the various procedures that are in place for contacting, consenting, and interviewing study partners/proxies. Keep in mind that there are many different scenarios that can arise in this regard. The sections below detail how to determine the appropriate procedures for each scenario.

Terminology: There are several types of individuals, other than the participant, who may be involved in the study. These terms are related, but not synonymous, and are each defined below. In many cases, the person designated as the contact person will fulfill all other roles defined. However, this is not always the case. Moreover, there may be changes to the contact person or other roles over the course of this longitudinal study, so it is important to keep the contact sheet up to date (see section at end of chapter).

Term	Relevant To	Definition
Study Partner/Proxy	All participants	An individual listed by the participant as someone "who you would want us to ask to provide information and answer questions for you in the event that you are unable to answer for yourself". A participant may be unable to answer because they cannot be reached, are sick, are hospitalized, or have significant cognitive impairment.
Informant	All participants	An individual chosen by the participant to provide information about him or her from an outside perspective (***not* on behalf of** the participant). THIS APPLIES ONLY TO THE DQ and CDR.
Contact Person	Individuals with significant cognitive impairment, including but not limited to all participants without capacity to consent.	An individual who completes study some or all interviews ***on behalf of*** *the participant* when there is concern about the validity of the participant's self-report due specifically to cognitive impairment.
Legally Authorized Representative (LAR)	Individuals without capacity to consent	An individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure(s) involved in the research.

Contacting Participants

How do I know who to contact?

Prior to calling or mailing questionnaires to a participant, it is important to try to determine whether the participant is the appropriate person to contact; that is, whether he or she is able to provide accurate information on his or her own behalf, or if it is necessary to reach out directly to the contact person, and collect the information via study partner/proxy/LAR.

Available information regarding participants' cognitive status at last study follow up will help guide field staff in determining the contact, consent, and interview procedures that may apply to the current assessment (e.g., who to contact to set up the visit, whether a proxy consent will be necessary, and whether or not a study partner will be needed to complete specific measures). Individuals with severe cognitive impairment at the last telephone follow up who are highly unlikely to have the capacity to provide informed consent at the third home visit will be flagged to assist field centers in preparing for consent by proxy procedures. These individuals will be identified on the basis of criteria described in Chapter 2: Recruitment. Field staff can also use the following information to get a sense of whether proxy interviews may be necessary:

- Study partner/proxy interview was conducted at Visit 1 or 2.
- Most proximal TICS score < 27 (equivalent to MMSE = 24; rough guideline to be used with clinical judgment).
- Examiner has information from the participant or his or her family indicating that the participant has significant cognitive impairment that may interfere with providing accurate information.

Before completing the proxy/LAR consent, field staff will ask the contact person if the participant remains unable to answer questions for himself or herself. This is important as it is possible that an individual without capacity at the previous visit due to stroke may have significantly improved cognitive functioning at the time of Visit 3.

Conversely, there will be instances in which none of the outlined cognitive indicators were present prior to Visit 3, but it is determined at the time of the in-person assessment that study partner/proxy interview is needed (based on Panel 1B). Under those circumstances, field staff should request that a study partner/proxy fills out the relevant questionnaires (that have already been filled out by the participant), and the proxy based forms should be considered the final data to be entered into REDCap.

Field centers should investigate the regulations within their institution for consents to contact study partners/proxies/ informants when participants are unable to complete the information (see p.4 – Interviewing Guidelines for Study Partner/Proxy Administration below), and for telephone consent to obtain study information during phone follow-up interviews or when an in-person visit cannot be completed.

Consenting Participants

How do I know who to consent?

Completing the 'informed consent' process is the first and most important requirement for conducting a research project. All staff should be trained and certified according to regulations mandated by their local Institutional Review Board (IRB) for conducting research with human subjects, including procedures for obtaining informed consent. These required procedures are typically similar across American institutions.

Before any assessments or interviews can be conducted on a human being as a subject in research, the investigator or his/her staff must first obtain the legally effective informed consent of the subject or the subject's legally authorized representative (LAR). This procedural requirement is known as "obtaining informed consent" and is met after the potential participant carefully reviews all study related information summarized on a consent form**, demonstrated capacity to provide informed consent (described below)**, and then signs his/her

name on the document to indicate s/he has read and understands the details outlined in the consent form, and agrees to participate (or provides verbal consent in the case of a phone interview). Such consent shall be sought only under circumstances that provide the prospective subject or the LAR sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence. The information that is given to the subject or the LAR shall be in language understandable to the subject or the LAR. No informed consent, whether oral or written, may include any exculpatory language through which the subject or the LAR is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Assessing Capacity to Provide Informed Consent

Prior to obtaining consent from the relevant party, capacity to provide informed consent should be assessed and established. This is achieved by reviewing the consent form with each participant. Then, the Assessment for Capacity to Provide Consent instrument will be used to determine whether s/he has the capacity to provide informed consent (See Appendix 1). This instrument involves four, open-ended questions which assess the individual's understanding of the study (i.e. study purpose, risks and benefits, study activities and alternatives to participation). Based on the responses to these questions, the interviewer will determine whether the individual has sufficient understanding to provide informed consent. Consent by proxy will be obtained if there is significant concern that the person does not comprehend basic aspects of the study during the capacity assessment (described below in the section: Obtaining Informed Consent from Study Partner/Proxy/LAR).

Interview Feasibility

From the informed consent process alone, please use your judgment based on that interaction to complete **Q4a-d**. Then, follow the instructions on this panel by using your best judgment to determine whether any visual, auditory or cognitive impairments will make it impossible for the individual to participate in this study. Please check the appropriate box provided if this person is too impaired to participate and then jot down the specifics of the impairment on the line provided. Respond to **Q6** by placing an X in the correct box to indicate whether the participant is confined to a bed. For purposes of this study, "confined to a bed" includes someone who rises from the bed when going to the toilet and taking a bath.

Obtaining Informed Consent

Continuing Consent for Phone Calls and Mailed Surveys: At Visit 3, due to the implementation of a sIRB at WUSTL, all participants must be re-consented for all forms of data collection (phone / mail / in-person). For the initial telephone follow-up in the V3 phase of the study, a letter and consent document will be mailed prior to the call. Then at the start of the call, participants will be asked if they received the document and have any questions. Documentation of this discussion and the participant's agreement to continue with the questions is considered obtaining verbal informed consent.

Any participant not wishing to participate in the phone follow-up is offered an opportunity to complete the questionnaires by mail (i.e. self-completion as an alternative to completing them by phone, especially practical for the hearing impaired). If the participant agrees, s/he is mailed a self-addressed stamped envelope into which the participant will insert and return the completed questionnaires to the field center. The same procedures will be followed for any data collection forms mailed before the home visit to reduce participant burden. Participants who refuse participation of the phone follow-up are entered as "refusal" on the Recruitment form that is entered into REDCap.

Importantly, once participants sign the in-person Visit 3 informed consent document, consent for telephone follow-up is covered so that in future calls only verbal assent is needed to proceed with the phone follow up.

Written Consent at In-person Visits: For in-person consent, the participant/LAR signs the consent form on the line provided along with the witness (i.e., the research staff member obtaining consent). A copy of the consent form shall be given to the participant or the study partner/proxy/LAR while the original consent form must remain in the participant's charts as a source document.

Completing the Informed Consent Form

Under the page header, mark the appropriate box to indicate whether consent was obtained in person or by phone.

If informed consent was obtained **by the participant**, check the appropriate box under Q1. If the participant is unable to provide informed consent, proceed according to local IRB regulations for obtaining consent by proxy/LAR.

For **Q2a**, document the date the participant signed the consent form in this format: **05/JUN/2020** for June 5, 2020.

Q2b requests the Version Number and Date of the consent form that the participant signed. Complete **one** of these fields by **either** jotting down the Version Number or Version Date listed on the consent form. Use the date convention mentioned above.

Obtaining Informed Consent from Proxy/LAR

In these circumstances, interviewers will acquire informed consent from a proxy (either a legally authorized representative (LAR) or consent proxy), if possible, as long as the **family member demonstrates assent** to participate in the study. That is, the family member willingly participates in study procedures and does not give any verbal or nonverbal indication that they do not want to participate. Each site will likely have procedures specific to their respective IRBs for assigning a consent proxy.

Once a consent proxy is selected, s/he will **complete the 'consent by proxy' section** of the participant's consent form. The participant's name will be printed on the consent form in this section (under 'name of participant') and the chosen consent proxy will sign his/her own name on that line instead of the participant. The consent proxy will then sign his/her name again in the 'consent by proxy' section along with printing his/her name and dating the document. ***If a consent proxy is unavailable, the participant will not be able to participate in the study.***

Procedures for Proxy Interviews

Obtaining an interview by proxy is different from obtaining consent by proxy. A proxy interview is defined as the administration of surveys to an individual to respond **on behalf of the participant**. By default, proxy interview would be completed by a named contact person who has been identified by the participant as someone "who you would want us to ask to provide information and answer questions for you in the event that you are unable to answer for yourself".

Proxy interview includes the minimum data set (Please see *Appendix C* at the end of this MOP). Proxy interviews will be conducted under the following circumstances (Please see Flow Chart in *Appendix 1* to this chapter.):

1. Proxy consent was not needed, but the individual is unable to answer for themselves due to physical or speech impairments.
2. Proxy consent was not needed, but there is **concern regarding the accuracy of a participant's self-report due** to cognitive impairment. These individuals will be identified according to the following criteria:
    a. the participant scores ≤24 on the MMSE and this is not due primarily to sensory impairment; OR
    b. there is significant concern regarding the participant's ability to provide accurate self-report,.
3. **Proxy consent was needed**. In such cases, the interview may be completed by the same individual providing consent, although this is not necessarily the case if another individual is better suited to provide information about the participant.

The modified interview for surrogates is outlined in the Data Collection Forms section. Note that **all performance and cognitive testing** will be administered only to the participant without the aid of the surrogate regardless of the participant's cognitive status; these measures will be eliminated if participants cannot comprehend instructions or participate for physical reasons.

Keeping the Contact Information Sheet Up to Date

The Participant Contact Information Sheet provides an opportunity to collect complete and accurate contact information, thus helping to minimize missing data and losses to follow-up. An attempt will be made to collect full

contact information on the participant, at least three other individuals who know the participant well, and the participant's health care provider. Please use the appropriate fields on this Sheet to document the contact information first for the participant and then for his/her study partners/proxies. As directed, indicate whether the study partner/proxy is also enrolled in this study and select the appropriate category to indicate the relationship between the participant and each study participant/proxy.

To maintain current records on all active study partners/proxies/LARs per participant, the form is designed to capture updates on whether or not a previously-listed contact person remains a viable study partner/proxy/LAR for the participant. If you learn, during an annual phone follow-up interview or at a home visit, that the contact person is no longer able to be a viable study partner/proxy/LAR for the participant, select "no" to the question which asks whether that contact person's name should remain in our system. Doing so will remove that contact person's name from our system without further modifying these fields. IMPORTANT: In other words, in spite of any changes to the contact people listed on the form, be sure to leave that person's name and contact information in the original fields exactly as the information was first entered even though that contact person may no longer be a valid study partner/proxy/LAR. None of this information should ever be deleted on this form. Towards the end of this section, additional fields have been included so that the contact information and details for any new study partners/proxies/LARs can be added over time.

Q9a-9c provides several fields to document whether or not the participant has a primary care physician (PCP), the location they have chosen to obtain healthcare and the primary care physician's contact information. After checking the appropriate box for **Q9a** to indicate whether the participant has a PCP, then check **only one** box for **Q9b** to document where the participant goes to obtain actual health care or advice regarding his/her health. Then use the lines provided in **Q9c** to collect contact information details on the participant's PCP if one exists. Please try to collect as much information as possible and carefully document all details on the lines provided so that the participant's PCP can be easily contacted if necessary (i.e. medical alerts arising during data collection).

Study Documents Referred to in this Chapter

- Informed Consent
- Consent Tracking and Interview Feasibility Form
- Participant Contact Information

DATA COLLECTION FORMS/ASSESSMENTS

Sociodemographic Interview: If this panel is being completed by study partner/proxy interview, check the appropriate box at the top of the form. Then, for US sites, refer to the question numbers of each contact person on the PCI Form to complete Section B(Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8e, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy instead of via the Study Participant.

If this panel is administered to a study partner/proxy, all questions **WITH THE EXCEPTION OF** Questions 5, 11a-11b, 12b-12c, 14a-15d and 16b-17 should be asked of the study partner/proxy. Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant. For example, Question 1 should be rephrased as follows: "Was (name of LLFS Participant) born in the US? If the Proxy does not know the answer to any questions or if s/he refuses to answer a question mark, "Don't know" or "Refuse" wherever applicable. Therefore, the same instructions apply here to following conventions as description in the General Instructions of the Introductions to Visits Chapter.

Physical Function And Activity Evaluation: If this panel is being completed by a study partner/proxy interview, then check the appropriate box at the top of the form. Then, for US sties, refer to the question numbers of each contact

person on the PCI Form to complete Section B (Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8d, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy/LAR instead of via the Study Participant. The IADL scale, however, should be completed by study partner/proxy when there is concern regarding the participant's cognitive status.

Personal History Questionnaire: If this panel is being completed by a study partner/proxy interview then check the appropriate box at the top of the form. Then, for US sites, refer to the question numbers of each contact person on the PCI Form to complete Section B(Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8d, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy instead of via the Study Participant.

For this panel, only Questions 1a-1d and 2a-2e should be asked via an Interview Proxy. Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant. For example, Question 1a should be rephrased as follows: "Has (name of LLFS Participant) smoked more than 100 cigarettes in his/her lifetime?" Similarly, Question 1b, should be rephrased as "In what year or how old was (name of LLFS Participant) when he/she started smoking cigarettes on a regular basis". If the Study Partner/Proxy does not know the answer to Questions 1a, 1c, 2a and 2c mark "Don't know" or if they refuse, mark "refused" and move on to the next question until you complete the panel. If the Study Partner/Proxy does not know the answer to Questions 1b, 1d , 1e and 2b, 2d and 2e (how old and how many), then use the standard LLFS convention of D.

Medical History Questionnaire: If this panel is being completed by a study partner/proxy interview, then check the appropriate box at the top of the form. Then, for US sites, refer to the question numbers of each contact person on the PCI Form to complete Section B(Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8d, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy instead of via the Study Participant.

For this panel, Questions 2, 4a-4b, 8a-8d, 9, 10a-10c, 11, 12a-12e and 13a-13c can be administered to a surrogate (Interview Study partner/Proxy). Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant.

Medication Inventory: This panel can be attempted with a study partner/proxy. If so, then check the appropriate box at the top of the form. Then, for US sites, refer to the question numbers of each contact person on the PCI Form to complete Section B (Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8d, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy instead of via the Study Participant.

If the Interview Study Partner/Proxy does not know about the prescription or over-the-counter medications the LLFS participant has taken in the past two weeks, check the box "don't know", or if they refuse to provide this information, check "refused" on the study form.

Cognitive Assessment: All cognitive measures should be administered directly to the participant without the aid of the interview study partner/proxy. These measures should be eliminated if participants are unable to comprehend

instructions. It is not appropriate for the study partner/proxy to assist the participant in performance or cognitive measures.

Performance Measures: This panel is a physical measure and requires that the participant follow the interviewers' instructions for completing maneuvers. These are physical measures and cannot be completed by anyone other than the participant. All measures in this panel should be attempted. If the participant is unable to complete any of the procedures because they were unable to sufficiently follow instructions to complete the measurement, there are check boxes on the form to document this for each measure that cannot be completed.

Blood Pressure, Heart Rate, Height, Weight And Waist Circumference: This panel is a physical measure and requires that the participant follow the interviewers' instructions for positioning purposes. These are physical measures and cannot be completed by anyone other than the participant. All measures in this panel should be attempted. If the participant is unable to complete any of the procedures because they were unable to sufficiently follow instructions to complete the measurement, there are check boxes on the form to document this for each measure that cannot be completed.

Spirometry: If this panel is being completed by study partner/proxy interview, then check the appropriate box at the top of the form. Then, for US sites, refer to the question numbers of each contact person on the PCI Form to complete Section B (Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8d, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy instead of via the Study Participant.

Questions 1-4 can be administered to a study partner/proxy in all cases. If Spirometry is to be attempted on the participant (i.e. if the participant agrees and seems able to follow the instructions), questions 5-12 should also be administered to the study partner/proxy and then attempt to proceed with the Spirometry procedure on the participant. The plan is to attempt Spirometry for all participants. Participants who are disoriented and have no recall but who can follow 2-3 step instructions will likely do well; participants who cannot follow instructions will, more or less, be unlikely to complete this procedure.

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CES-D**.** All questions on this panel must be asked of the participant only.

Venipuncture & Blood Collection: If this form is administered on the study partner/proxy, check the appropriate box on the top of the form. Then, for US sites, refer to the question numbers of each contact person on the PCI Form to complete Section B (Proxy Tracking) by jotting down, on the line provided, the corresponding question number (e.g. Q6a, Q6e, Q6i, Q8a, Q8d, Q8i, etc.) of the listed contact person who acted as a study partner/proxy for this interview. Please note: These question numbers will also automatically populate in the corresponding REDCap data entry field for ease and accuracy of data entry. In Denmark, indicate the relationship of the study partner/proxy to the participant. Finish Section B by selecting as many reasons that apply for reason(s) this form was completed via study partner/proxy instead of via the Study Participant.

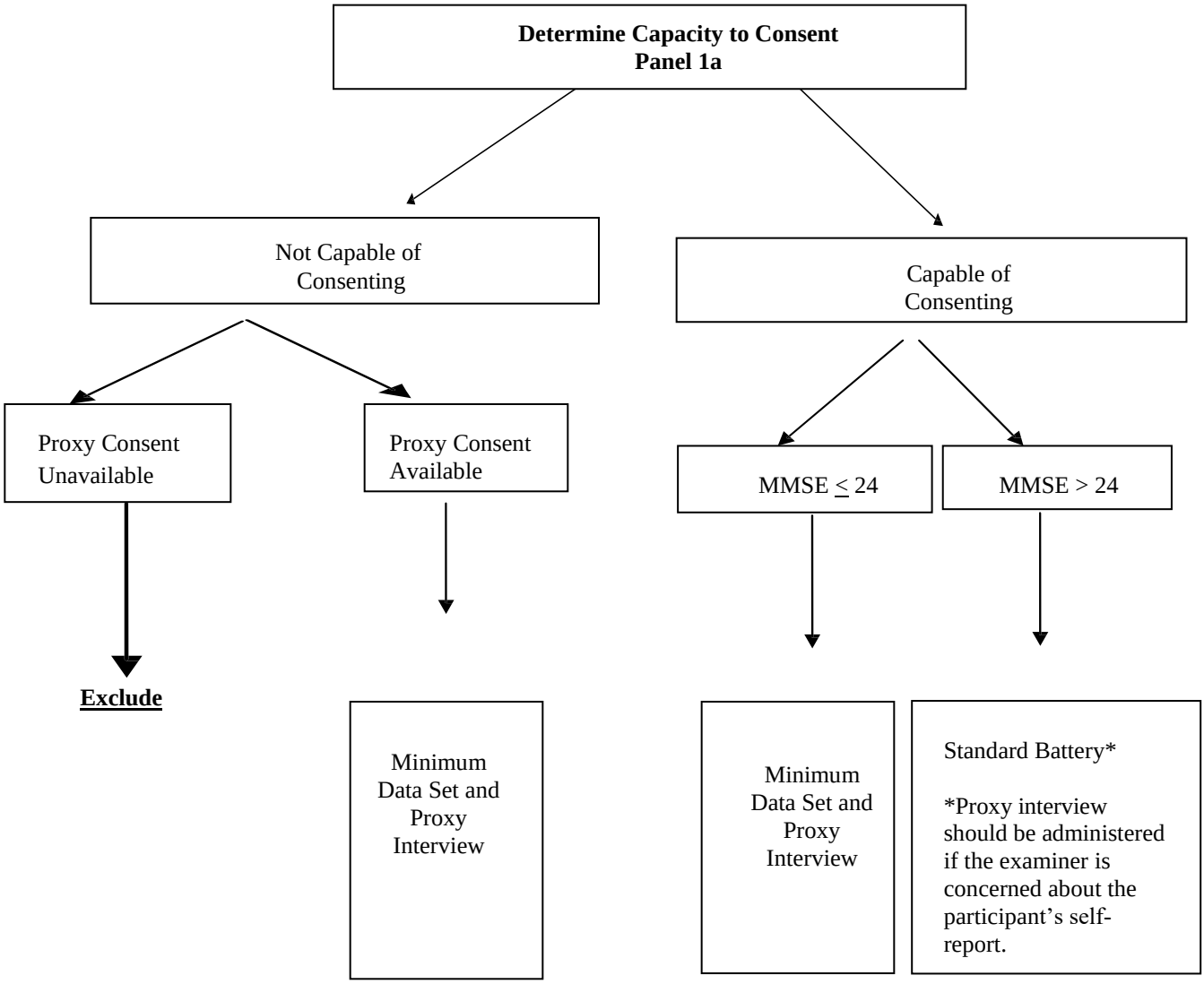
Once you have followed your IRB's guidelines for obtaining consent to draw blood from a cognitively impaired individual and she has not provided consent, you can conduct the Phlebotomy Screening survey (p2 Qa-e) of the study partner/proxy by replacing "you" with the study participant's name. Next, Questions 1- 3 can be asked of the study partner/proxy, again by replacing "you' with the participant's name. This completes the questions for the study partner/proxy on this form. Please continue to complete the rest of the fields involving blood processing and shipping information for this sample.

Chapter 4 – Appendix 1

Procedures for Inclusion of Cognitively Impaired Participants

Inclusion of cognitively impaired participants involves several steps. The outline below details our approach to including these participants.

1. Evaluation of Capacity to provide informed consent (See following page for sample form).
2. MMSE evaluation
3. Administration of Study Partner/Proxy/LAR-based interview for cognitively impaired participants.



Chapter 4 – Appendix 1 (cont)

'*Sample*' of Assessment for Capacity To Provide Informed Consent

After reviewing the consent form, please read the following:

Interviewer Script: *"I'm going to ask you a couple of short questions. Please feel free to refer to the consent form we just reviewed."*

1. In your own words, please explain the general purpose of this study. _____

   _____

   _____

2. In your own words, please explain the potential risks and benefits of participating in this study. ___

   _____

   _____

3. In your own words, please describe the activities you will participate in during this study. _____

   _____

   _____

4. In your own words, please explain your options if you do not want to participate in the study, or in certain parts of the study. _____

   _____

   _____

Interviewer Note: ***Based on the participant's responses to the above questions, the interviewer determines whether or not the person has sufficient understanding to provide informed consent. It is important to note that this is not a memory test, and participants can use the consent form to help them answer these questions and/or request clarification from the examiner.***

Based on the responses to the questions above, is it your opinion that this participant is adequately able to provide informed consent to participate in this study?

☐ 1 .....Yes
☐ 0 .....No

'Sample' of Criteria for Proxy-Based Interviews (Panel 1b)

Interviewer Note: The following table outlines four scenarios based on the initial cognitive screen (MMSE) and the examiner's impression of the participant's self-report. Indicate the scenario that applies by checking the appropriate box in the left column. Proceed as indicated in the right column. Note that these categories are mutually exclusive, so only one scenario should be marked as "Yes" and all others should be marked as "No".

	Results of Cognitive Screen	Administration Procedure
☐ 1 Yes ☐ 0 No	Participant scored above 24 on the Mini-Mental State Examination and there is no significant concern regarding the participant's ability to provide accurate self-report.	Proceed with interview. Study Partner/Proxy-based interview not necessary.
☐ 1 Yes ☐ 0 No	Participant scored above 24 on the Mini-Mental State Examination but there is significant concern regarding the participant's ability to provide accurate self-report.	Administer Study Partner/Proxy-based interviews.
☐ 1 Yes ☐ 0 No	Participant scored 24 or below on the Mini-Mental State Examination and this impaired score is not due to a sensory impairment.	Administer Study Partner/Proxy-based interviews.
☐ 1 Yes ☐ 0 No	Participant scored 24 or below on the Mini-Mental State Examination; however, this impaired score is due primarily to a sensory impairment; cognitive abilities appear intact.	Proceed with interview. Study Partner/Proxy-based interview not necessary.

Appendix C

'Sample' Informant Consent

Consent to Participate in a Research Study (Informant)

The purpose of this consent form is to provide you with the information you need to consider in deciding whether to participate in this research study.

Study Title: LONG LIFE Family Study (LLFS)

IRB Study Number: XXXXXXXXXX

Purpose of Study: You are being asked to participate in a research study on exceptional aging **as** an informant for _____ , (participant). Exceptional longevity (which means living until a very old age) and good health in old age appear to run strongly within some families. The purpose of the LONG LIFE Family Study is to find out why some people are able to live into very old age. By studying long-lived families, we hope to learn how much of longevity is because of genes that run in families and how much is due to other things, such as healthy life habits. Your participation in this research study may help us learn how some people are able to live to a very old age, spending most of their lives in good health and avoiding many age-related diseases.

We expect to enroll approximately 1,000 families (or approximately 5,500 people across the 4 sites participating in the LONG LIFE Family Study. The study sites are Columbia University in NY, the University of Pittsburgh in Pennsylvania, Boston University in Massachusetts and the University of Southern Denmark in Denmark. Washington University, St. Louis will serve as the Coordinating Center for this project. You would be a part of this study that is based at Columbia University. There will be approximately 275 families/1500 people entered into this study at this site. This study is supported by a grant from the National Institute on Aging.

Alternatives to Participation: This is not a treatment study. Information being collected is for research purposes only and is used to learn more about the health of older adults and their families, not about you, and will not provide information that will be medically useful to you. The alternative to participating would be simply not to participate.

Our study research staff will be available to answer questions about the results and to provide referrals to you or the participant if you or s/he does not have your/her/his own physician.

The medical assessments and examinations done as part of this study will not provide you or the participant with the same kind of clinical information you would obtain from your/his/her doctor during a medical visit. We can help you/him/her with a referral if you are seeking medical testing.

Study Procedures: If you decide to take part in this research study as an informant for _____ (participant), you will undergo the following procedures:

In-Person Visit

A home visit examination will take place at a time that is convenient for you and _____ (participant). If you prefer a clinic exam, a visit at Columbia University Medical Center will be offered for your convenience. If we are unable to see you in person, some of the interviews and assessments may be conducted over the phone.

During the visit, a trained clinical staff member will obtain medical and personal information about the participant for whom you are the informant. You will be asked to answer questions related to his/her current and past medical history, medication use, daily living activities, physical activity as well as **his/her** health habits (i.e, smoking and alcohol use). You will also be asked demographic questions, such as how many years of education the participant has had, when and where s/he was born, and his/her occupation. You will be asked for a copy of his/her birth certificate or other evidence of his/her birth date. If s/he does not have a copy of his/her birth certificate, you will be asked for information that will help us obtain one. Additionally, you will be asked about **his/her** marital status, current living situation, as well as his/her maximal household income and assets. You may be asked about the ages of his/her children, brothers, sisters, parents where they were born and, if they have died, what they died from and any health conditions they may have had. This information will help us draw his/her family's pedigree (family tree). We may ask you for a representative of his/her immediate family to verify the correctness of this information. Other questionnaires will include a paper and pencil tests which will be performed on the participant to test his/her ability to process and recall information and a personality assessment. You or the participant may be asked to complete some of these questionnaires on your own and send them back to us in a pre-paid envelope. We may call you after we receive your completed questionnaire just to clarify some of your answers if needed. Some of these questionnaires that will be sent to you will include many of the same questions asked of you above, but this time, you will be asked about his/her family members so that you may help us collect information about the background and health of his/her family.

Measurements of the participant's weight, height, waist circumference, knee height, arm span, heart rate and ankle/arm blood pressure will be attempted. S/he will also be asked to blow into a tube to measure his/her lung function and to perform some simple physical tasks such as standing from of a chair, gripping an object to measure hand strength and walking a short distance to assess physical function. Additionally, s/he will be asked to perform a series of movements to test his/her balance. This examination can be completed in approximately 2 hours.

Lastly, you may be asked to provide us with the names of 2 close family members of the participant who we can contact to inquire about his/her status if we are unable to contact you or the participant at a later date for the telephone follow-up visit (mentioned on page 4 of this consent form).

Blood Tests

The participant will be asked to have a blood sample drawn after obtaining his/her and your consent, as the informant. Since this study is hoping to identify genes associated with longevity that may run in families, the blood sample is a very important part of the study. S/he will be asked to go without food for a period of 8 hours prior to collection of a blood sample. For his/her convenience, a separate visit to the home by a phlebotomist (a person trained to draw a blood sample) may be conducted for this purpose. If s/he prefers, s/he may request an in-house clinic visit for the blood draw. In some cases, his/her physician or his/her laboratory may draw his/her blood samples for us. The total amount of blood drawn is about 60 ccs or about 5 tablespoons. This is a small amount and will be rapidly replaced by the body. The blood sample collection visit can be completed in approximately 20 minutes. S/he may also be asked to spit into a vial several times in order to collect DNA from your saliva.

The blood sample will be used to obtain information about the participant's DNA. DNA is the material inside cells that carries genetic information, passing it along to the next generation in structures called genes. Genes contain information about a person that is inherited from his/her parents, and some of these genes may play a role in our health. We may also examine other laboratory measures associated with longevity (long life) and age-related health conditions.

We plan to use part of the blood sample to examine the participant's cholesterol and other lipid levels and to measure other factors in the blood that may be related to healthy aging**.** Routine lab tests will be performed once the participant's sample is collected. If any tests fall outside the normal range, the participant (and a physician of his/her choice if s/he desires) will be immediately notified.

We may also ask the participant if we can use part of his/her blood sample to produce a cell line (a family of cells grown in a laboratory). The cell line will continue producing your DNA and can, therefore be used to obtain unlimited amounts of his/her DNA into the future, greatly extending the research usefulness of the LONG LIFE Family Study. By having this cell line, we would be able to study the importance of genes related to longevity that have not even been thought of yet.

All samples will be stored indefinitely at the central site (repository) at the University of Minnesota Medical Center under the direction of Dr. John Eckfeldt. Each specimen will be labeled with a specimen ID number with no personal identifiers. Information linking this code number to the participant's identity will be kept in a separate, locked secure location at the study site and only accessible to study personnel with a different key from that of all other files.

Sharing Your Samples with Other Investigators/Developing Diagostic & Therapeutic Products

Blood samples may be used by investigators other than the investigators of the current study and will not include information that identifies the participant. We may share his/her sample and anonymous medical information about him/her to other researchers if you, as the informant, and the participant permit us. Samples (blood, DNA or cell lines) may be used to develop one or more diagnostic or therapeutic products which could be patented and licensed.
PLEASE NOTE: ***There are no plans to provide any financial compensation to you or the participant should this occur.***

Census Records, Medicare Data and Social Security Number

We will ask you and the participant for his/her social security number for two reasons. First, we will use this social security number to link it to early census records of when s/he was young to ensure that his/her birth date is valid. Since birth date records from many years ago were not always accurate, we want to be absolutely certain that the year in which you believe s/he was born matches the formal records.

From these census records, we will also be able to obtain additional information about his/her siblings, family origin, home ownership, etc, that you may not have been told or may not recall. All of these factors are important because they have been associated with longevity (living to a very old age) in previous studies.

Secondly and with your and the participant's permission, we will use his/her social security number to access data related to his/her health that is maintained by The Centers for Medicare and Medicaid Services (CMS) as well as to access his/her medical records. Since it is often difficult for each of us to remember our complete medical history especially as we grow older and easier to forget what may seem like a minor medical condition, we can best obtain a complete record of his/her medical history using these databases. Since this study is hoping to learn about why people live to a very old age, it is important for us to know as much about his/her medical history as possible to determine how s/he is unique from others who have not aged as successfully as s/he has.

Family Member Involvement

You and the participant will also be asked to communicate with other family members to obtain their permission to be contacted by this research group. We will only attempt to contact those family members who agree to participate in the study and they will be invited to undergo similar study procedures as you and the participant.

Telephone Follow-Up

We are requesting that you and the participant continue to complete a short telephone call every twelve months. A staff person will contact you by telephone and update your contact information. This follow up may continue for 10 or more years, until either the study ends or you and the participant choose**s** to withdraw from the study. This telephone contact will consist of a very brief interview to determine whether the participant has undergone any changes in his/her medical status since we last spoke with you. You will not be asked to come into the clinic. This telephone call will take approximately 10 minutes to complete depending on the number of illnesses and hospitalizations s/he may have had since we last spoke. You will not receive reimbursement for the completion of this brief phone call.

If we are unable to contact you and the participant for this telephone follow-up visit, or you and the participant are either unable to participate or provide consent for the phone interview, we will contact the two close family members you provided us during the in-person visit. One of these family members will be asked the same questions related to the state of the participant's health and whether the participant has had any illnesses or hospitalizations since you and the participant were last contacted.

Audio Taping and/or Videotaping: There will be no audio and/or videotaping involved in this study at any time.

Risks

The Interview and Questionnaires: Your participation as an informant in this study involves minimal risks.

Aside from some boredom or fatigue you may experience during the interviews or the questionnaires, there are no real risks to you. If you and/or the participant becomes tired from the questions, the interview will be stopped at any time and continued another time at your convenience and with the permission of you and the participant. If you, the participant and/or his/her family members are asked questions anyone is uncomfortable answering, any of the questions can remain unanswered at any time. Since we will ask you questions about the health of the participant and his/her family members, there is a risk of disclosure of confidential family matters. We have procedures in place that will protect their confidentiality . These procedures are described below under the Confidentiality Section below.

Risks of the Physical Function Test: Grip strength will be performed on the participant for his/her strongest hand (the hand s/he feels comfortable using most often). This test may result in temporary muscle discomfort**,** although that is unlikely - occurring less than 10% of the time. There is also a slight risk of the participant losing his/her balance during some of the tests to measure his/her balance and walking speed. The examiner will remain close to help if s/he becomes unsteady.

Risks of the Lung Function Test: Lung function testing, or spirometry, involves minimal risk to the participant. After performing spirometry on nearly 10,000 elders for other research studies, the study investigators have found that, although some participants find the spirometry test 'tiresome', there were no serious side-effects. About one in a thousand younger people in workplace settings have fainted during spirometry, but this risk is eliminated by the short (six second) maneuvers that we are using for this particular study. Additionally, since the participant will be performing the test while seated instead of while standing, we have reduced the possibility that s/he may fall if s/he feels faint and/or becomes dizzy.

Risks of the Blood Pressure Testing: After the blood pressure cuff is attached and inflated on the participant's arm and ankle to measure his/her blood pressure, s/he may experience some mild discomfort with some slight redness once the cuff is removed from either his/her arm or ankle.

Risks During the Blood Draw: You may remember giving a blood sample in the past for tests your doctor wanted to perform. The blood sample that will be drawn from the participant is obtained in a similar fashion using a small needle, and blood is obtained from a vein in his/her. For most people, drawing blood does not cause any serious problems. There is a small risk of bleeding, bruising, discomfort, dizziness, infections and pain at the needle site. However, we will take every precaution using skilled individuals to obtain blood from the participant.

Genetic Information: The Study Investigators may use the participant's blood sample, including his/her DNA to learn about genes related to longevity and diseases associated with aging, such as heart disease and Alzheimer's disease. Some of the work to study the participant's DNA and/or blood sample will also take place in commercial laboratories. However, only the Long Life Family study staff will have access to information that would reveal the participant's and his/her family members' identity, such as names, addresses and dates of birth.

This study is looking for similarities in health behaviors, environmental exposures and genes across all enrolled individuals. Therefore, we do not look at a participant's genes individually. As such, the researchers will not be able to tell the participant how his/her specific results might affect him/her or his/her family members' future health or other information relating to the participant's blood samples. If we learn that some genes are linked to people's future health, lengthy studies will be needed to understand their benefits and risks for any individual person.

There may be unknown risks/discomforts involved. Study staff will provide the participant with timely information on any findings that may affect his/her health, welfare, or decision to remain in this study.

Benefits: This study is not designed for your (as the informant) nor the participant's benefit, other than knowing that you and the participant may be helping to advance scientific and medical understanding. Your and the

participant's participation may lead to findings that benefit people, through a better understanding of aging and how to reduce its problems and diseases. It typically takes many years to translate such findings into helpful strategies and therapies.

Compensation: There will be no costs to you or to the participant for participation in this study.

Confidentiality: Any information about you and the participant obtained from this research study will be kept as confidential (private) as possible. All records related to your and the participant's involvement in this research study will be stored in locked file cabinets. Your and the participant's identity on these records will be indicated by a case number rather than your and the participant's name, and the information linking these case numbers with your/his/her identity will be kept separate from the research records. Your and the participant's identity and participation in this study will be maintained in a confidential database at the Data Coordinating Center at Washington University in St. Louis, Missouri. All records will be stored in a computer file and access will be restricted to research staff. Each blood specimen will be labeled with a specimen ID number without any information that identifies you or the participant. Information linking this code number to your identity will be kept in a separate, locked secure location at the Field Center and only accessible to study personnel with a different key from that of all other files. You will not be identified by name in any publication of the research results unless you sign a separate form giving your permission (release).

To help us protect your and the participant's privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you or the participant, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you or the participant, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your or the participant's consent, information that would identify you or the participant in the research project under the following circumstances. However, if the researchers learn that you or the participant are in real danger of physical or serious mental harm (example, suspected or known sexual or physical abuse of a child or threatened violence to self or others) they will release study related information to protect you, the participant and the other persons. Such information must be reported to the appropriate authorities.

You and the participant should also understand that this Confidentiality Certificate does not prevent you, the participant or a member of your/his/her family from voluntarily releasing information about you/the participant or your/his/her participation in this research. If an insurance company, employer or other employer obtains your/the participant's written consent to receive research information, the Certificate of Confidentiality will not protect his/her privacy.

Research Standards and Rights of Participants: Participation in this research study is voluntary. If you or the participant decide not to participate, or if you or the participant later decide to stop participating, you or the participant will not lose any benefits to which you or the participant are otherwise entitled. A decision not to participate will not effect your or the participant's treatment at the New York Psychiatric Institute. Additionally, your or the participant's decision to participate or not participate will have no effect on your or the participant's Medicare benefits. All information you and the other participants provide is protected under the Privacy Act and the Health Insurance Portability and Accountability Ac

You and the participant will be notified of significant new findings that may occur during the course of the study and that may relate to your or the participant's willingness to continue to participate.

Federal regulations require that research participants be informed about our institutions' policies with regard to the provision of treatment and compensation for research related injuries. If you or the participant believe that you or the participant have sustained injury as a result of participating in a research study, you or the participant may contact the Principal Investigator, Dr. _____ at [*insert appropriate phone number*], or the Administrative Director of the [*insert State name*] State Psychiatric Institute Institutional Review Board at _____, so that you or the participant can review the matter and identify the medical resources which may be available to you or the participant.

Please be aware that:

1. The [*insert State name/Institution name*] will furnish that emergency medical care determined to be necessary by the medical staff of this hospital
2. You or the participant will be responsible for the cost of such care, either personally or through your or the participant's medical insurance or other form of medical coverage.
3. No monetary compensation for wages lost as a result of injury will be paid to you or the participant by the [*insert State name/Institution name*].
4. By signing this consent form, you are not waiving any of your legal rights to seek compensation through the courts.

The investigator will answer to the best of his ability any questions that you may have now or in the future about the procedures or about your response to the procedures. You may reach Dr. _____, principal investigatory, by calling [*insert appropriate phone number*].

The [*insert State name/Institution name*] Review Board has approved the recruitment of subjects for this study. If you have any questions about your rights as a research subject or any complaints, you may call the Administrative Director at [*insert appropriate phone number*] during regular office hour

You will be given a copy of the Consent Form to keep.

Give Consent	Don't Give Consent	
☐	☐	Will you or the participant allow us to measure cholesterol and other blood factors and release any findings from these tests to the participant's physician?
☐	☐	Will you or the participant allow us to prepare and test DNA from the participant's blood cells for genes that may be related to age-related health conditions as well as for those genes related to other conditions not age-related?
☐	☐	Will you or the participant us to create and store a cell line at the repository at the University of Minnesota Medical Center?
☐	☐	Will you or the participant allow us to share the participant's blood samples with other researchers who are not part of this study who may use these samples for other types of research?
☐	☐	Will you or the participant allow us to release findings from study-related tests and examinations to the participant's physician?

Documentation of Consent:

Consent by Participant: I have read the above and understand the risk, benefits and alternatives (including non-participation). I voluntarily agree to participate in the research study described above.

_____

Signature of Participant (Informant) Date

_____

PLEASE PRINT: Name of Participant (Informant)

I have discussed the proposed research with this participant, and, in my opinion, this participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in research.

Signature of Person: _____