Gr	(Amx Laber Here)					
	Participant ID:	d d	<b>М М</b> (e.g., 10.	<b>M y y</b> JUN2005)	ууу	
	Participant Name Code:	Interviewer Code:				
LONG LIFE		Circle Field Center Location:				
FAMILY STUDY		BU	CU	DK	UP	
Circle Visit:	<sup>6</sup> Visit 3 <sup>7</sup> Visit 3 (New Part	ticipant)				
Form Version Date:	_20/01/2021					

## **Consent Tracking and Interview Feasibility**

## Please Mark the Appropriate Box Below: **Informed Consent** Who signed the informed consent document? 1.



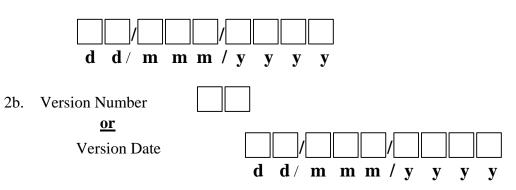
 $\square^1$ .....Participant .....Go to Q2a $\square^2$ ..... Legally Authorized RepresentativeGo to Q1a

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



Go to Q2a Participant not consented...end here

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



3a. Social Security Number?



3b. Medicare Beneficiary Number?



3c. Blood/saliva and data for future sharing?



3d. Blood/saliva and data for future genetic/genomic research and assays?



3e. Blood/saliva for DNA bank?



3f. Audio recording?



3g. Audio recording for future research?



3h. Want medically actionable genetic results?



## **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		0	
4c. Understand?	3	2		0	
4d. Speak?	3	$\square^2$	$\square^1$	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)

