



(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: <sup>6</sup>Visit 3 <sup>7</sup>Visit 3 (New Participant) <sup>8</sup>Visit 3 FU

Form Version Date: 23/10/2019

### Assessment for Capacity To Provide Informed Consent Visit 3

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."

- In your own words, please explain the general purpose of this study. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- In your own words, please explain the potential risks and benefits of participating in this study. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- In your own words, please describe the activities you will participate in during this study. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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