



(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: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 13/01/2015

Consent Tracking and Interview Feasibility

Please Mark the Appropriate Box Below:

- ².....This Form was Administered In-Person by Study Personnel
- ³.....This Form was Administered via Telephone by Study Personnel

Informed Consent

1. Who signed the informed consent document?

- ¹.....Participant Go to **Q2a**
- ²..... Legally Authorized Representative Go to **Q1a**
- ³..... Consent Proxy Go to **Q1a**

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

- ¹.....Yes Go to **Q2a**
- ⁰.....No **Participant not consented...end here**

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

//
d d/ m m m / y y y y

2b. Version Number

or

Version Date

//
d d/ m m m / y y y y

Participant ID: _____

Participant Name Code: _____

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

¹ Yes
⁰ No

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

¹ Yes
⁰ No

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

¹ Yes
⁰ No

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?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^N
4b. Hear?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	
4c. Understand?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	
4d. Speak?	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ⁰	

Interviewer: 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
⁰ No Reason: _____

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

¹ Yes
⁰ No
^N Not Applicable (Participating in Phone Visit)