



(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>1</sup>Visit 1 <sup>3</sup>Visit 2 <sup>4</sup>Visit 2 (New Participant)

Form Version Date: 13/01/2015

### Consent Tracking and Interview Feasibility

Please Mark the Appropriate Box Below:

- <sup>2</sup>.....This Form was Administered In-Person by Study Personnel  
<sup>3</sup>.....This Form was Administered via Telephone by Study Personnel

### Informed Consent

1. Who signed the informed consent document?

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

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

- <sup>1</sup>.....Yes Go to **Q2a**  
<sup>0</sup>.....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 participant's permission to release findings from tests and examinations to participant's physician.

1 ..... Yes  
 0 ..... No

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

1 ..... Yes  
 0 ..... No

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

1 ..... Yes  
 0 ..... No

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

1 ..... Yes  
 0 ..... No

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

1 ..... Yes  
 0 ..... No

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.

1 ..... Yes  
 0 ..... No

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>d</b>	<b>d</b>		<b>m</b>	<b>m</b>	<b>m</b>		<b>y</b>	<b>y</b>	<b>y</b>	<b>y</b>

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

***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?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No      Reason: \_\_\_\_\_

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

<sup>1</sup> .....Yes  
<sup>0</sup> .....No  
<sup>N</sup> .....Not Applicable (Participating in Phone Visit)