

Protocol ID: _____

Study Subject ID: _____

Study Name: _____

Interviewer Name: _____

Site: _____

Interview Date: _____

Event Name: _____

Event Date: _____

BLSA Capacity Assessment - Ver 1.0

Section Title: Assessment

Global impression of subject's capacity to give informed consent
Do not complete on BLSA Defined Dementia Diagnosis Participats
Date:

Tester ID

UNDERSTANDING - Participant should have an understanding of the nature of the research project and its procedures based on previous participation and/or provided information.

PLAN - If the rating is questionable (3) or unable (2), contact the Clinical Director or Designee and do not have the participant sign the consent until instructed.

1. What is the purpose of this research? *A. Example: To study aging-----*

Response

Rater's Comments

Rater's Rating

- ☐ 1. Able to give informed consent at this time
☐ 2. Unable to give informed consent at this time
☐ 3. Questionable (unsure) ability to give informed consent at this time

2. Can you name 3 tests that you performed at your last visit?

Response

Rater's Comments

Rater's Rating

- ☐ 1. Able to give informed consent at this time
- ☐ 2. Unable to give informed consent at this time
- ☐ 3. Questionable (unsure) ability to give informed consent at this time

3. Based on your answer above, can you name a risk factor for one of those tests?

Response

Rater's Comments

Rater's Rating

- ☐ 1. Able to give informed consent at this time
- ☐ 2. Unable to give informed consent at this time
- ☐ 3. Questionable (unsure) ability to give informed consent at this time