

**INSTRUCTIONS:** This form may be used to assess the decision-making capacity of potential subjects who may have or may be experiencing cognitive impairments.

**Who should assess capacity?** In general, the consent assessor should be a member of the research team or consultant familiar with dementias and/or cognitive impairment, and qualified to assess and monitor capacity to consent on an ongoing basis.

Potential Subject Name: \_\_\_\_\_ IRB Protocol #: \_\_\_\_\_

Study Title: \_\_\_\_\_

**ASSESSMENT QUESTIONS:**

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 1. Does the individual understand he/she/they would be participating in research and that research is voluntary?               | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 2. Does the individual understand what will happen to him/her if he/she decides to participate?                                | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 3. Does the individual know how long he/she will be in the research study?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 4. Can the individual explain one or two risks associated with the research study?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 5. Can the individual explain what he/she should do to stop being in this research study?                                      | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 6. Does the individual know who to contact if he/she experiences problems or has questions about the study?                    | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 7. <b>Interventional studies:</b> Can the individual explain what alternatives there are if he/she chooses not to participate? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

**INVESTIGATOR EVALUATION:**

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 8. Does the individual express a choice about whether or not to participate?                      | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 9. Does the individual have the decision-making capacity to give informed consent for this study? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

Printed Name of Investigator \_\_\_\_\_ Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

**\* NOTE:** Potential subjects who are found to have diminished capacity must be excluded **unless** the UCI IRB (or relying IRB) has approved the use of surrogate consent from legally authorized representatives for the study in question.