DECISION-MAKING CAPACITY ASSESSMENT TOOL

Potential Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Protocol Title

Protocol IRB #

There are four elements of decision-making capacity that will be assessed for this specific research protocol:

1. **Understanding:**

What is the purpose of the research study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What will happen to you in this research study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Appreciation:**

What are the potential risks of this research study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are the potential benefits of this research study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Reasoning:**

What alternative is there if you choose not to participate in this study? \_\_\_\_\_\_\_\_\_\_\_

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1. **Expressing a Choice:**

Does the individual express a choice about whether or not to participate? \_\_\_\_\_\_\_\_\_

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1. **Does the individual have the decision-making capacity to give informed consent for this study?**



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Printed Name of Evaluator Signature of Evaluator