**Capacity Assessment Checklist for Research Informed Consent**

Research Candidate (RC) Name: __________________________ ADC Protocol ID #: __________

Research Protocol Name: __________________________________________

Date of Consent Meeting/Assessment: __________________________ Time of Day: __________

Protocol Staff Members Present: 1. __________________________ 2. __________________________

Participant LAR or Family Present: 1. __________________________ 2. __________________________

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### Capacity Assessment Record

#### CONSENT DIALOGUE

1. Was protocol presented to/discussed with RC?  
   - Yes ( )  
   - No ( )  
   - Other: ___________________________

2. Was protocol presented to/discussed with RC’s LAR/family?  
   - Yes ( )  
   - No ( )  
   - Other: ___________________________

#### CONSENT ABILITIES

3. Did RC make a choice to participate/not participate in research protocol?  
   - Yes ( )  
   - No ( )  
   - Marginal ( )  
   - Choice:  
     - Participate ( )  
     - Not Participate ( )  
     - Defer Decision ( )  
     - Decision Unclear ( )  
     - Other ( )  
   - Briefly explain: __________________________________________

4. Did RC show understanding of the research protocol and its elements, including risks/benefits of participation?  
   - Yes ( )  
   - No ( )  
   - Marginal ( )  
   - Briefly explain: __________________________________________

5. Did RC show reasoning/provide rational reasons for participation/non-participation in the research protocol?  
   - Yes ( )  
   - No ( )  
   - Marginal ( )  
   - Briefly explain: __________________________________________

6. Did RC show an appreciation of the personal risks/benefits of participation/non-participation in the protocol?  
   - Yes ( )  
   - No ( )  
   - Marginal ( )  
   - Briefly explain: __________________________________________

#### CAPACITY /INFORMED CONSENT/ASSENT

7. Was RC competent to consent to participation/non-participation in research protocol?  
   - Yes ( )  
   - No ( )  
   - Other: __________________________________________
   - Briefly explain: __________________________________________

8. Was informed consent for research participation obtained from the RC?  
   - Yes ( )  
   - No ( )  
   - Other: __________________________________________
   - Briefly explain: __________________________________________

9. If RC unable to consent, was informed consent for research participation obtained from RC’s LAR or family?  
   - Yes ( )  
   - No ( )  
   - N/A ( )  
   - Other: __________________________________________
   - Briefly explain: __________________________________________

10. If RC unable to consent and LAR/family approved participation, did RC show assent to participation?  
    - Yes ( )  
    - No ( )  
    - Unclear ( )  
    - N/A ( )  
    - Other: __________________________________________
    - Briefly explain: __________________________________________

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**Completed by:** __________________________  
[Signature]  
**Date:** __________________________