

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



**Capacity Assessment Record for Research Informed Consent**

**This is only an example for a specific study with a medical care focus.**

Cue 1: In summary, you're here to be in a research study, not to receive your usual medical care.

**Question 1:** Are we offering you your usual medical care, or are we asking you to be in a research study?

- Medical care     Research Study     Other (specify): \_\_\_\_\_

Cue 2: In summary, this is a study to learn about the stages of dementia. **Question 2:** What is the purpose of this study?

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Cue 3: To summarize, during the study you we will ask you and your caregiver about your abilities. We may also ask you to show your abilities such as walking. **Question 3:** Tell me something that will happen to you during the study.

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Cue 4: In summary, some of the risks of this study are that the questions might make you uncomfortable or embarrassed. **Question 4:** Tell me a possible risk to you of being in this study.

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Cue 5: You will not benefit directly from this study, but it may help others. **Question 5:** Will this study help you or others?

- Self     Others     Other (specify): \_\_\_\_\_

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Cue 6: Remember, you can drop out of the study at any time. **Question 6:** If you want to drop out of the study, when can you do this?

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**Question 7:** Considering the risks and benefits we have discussed, what have you decided about participating in this study?

- to participate     not to participate     Other (specify): \_\_\_\_\_

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**ASSESSMENT:**  Does     Does NOT demonstrate adequate decision-making capacity

\_\_\_\_\_  
Printed name of assessor

\_\_\_\_\_  
Signature of assessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other persons present