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. __________________________ 3. __________________

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: _____________________________________________________________

Completed by: __________________________________________    Date: __________________

[Signature]