Capacity Assessment Record for Research Informed Consent

Research Candidate (RC) Name:	MAC Protocol ID #:
Research Protocol Name:	
Date of Consent Meeting/Assessment:	Time of Day:
Protocol Staff Members Present: 1.	2 3
(Legally Authorized Representative)	2 3
	Assessment Record
CONSENT DIALOGUE	Assessment Record
	es () No () Other:
2-Was protocol presented to/discussed with RC's LA	AR/family? Yes () No () Other:
CONSENT ABILITIES 3-Did RC <i>make a choice</i> to participate/not participate Choice: Participate () Not Participate () Defer Briefly explain:	
4-Did RC show <i>understanding</i> of the research protoc Yes () No () Marginal () Briefly explain:	col and its elements, including risks/benefits of participation?
5-Did RC show reasoning/provide rational reasons: Yes () No () Marginal () Briefly explain:	for participation/non-participation in the research protocol?
6-Did RC show an appreciation of the personal risks Yes () No () Marginal () Briefly explain:	s/benefits of participation/non-participation in the protocol?
CAPACITY /INFORMED CONSENT/ASSENT	
7-Was RC competent to consent to participation/non Yes () No () Other:	
8-Was informed consent for research participation of Yes () No () Other:	
Yes () No () N/A () Other:	research participation obtained from RC's LAR or family?
	ed participation, did RC show assent to participation?
Completed by:	Date:
[Signature]	