**DECISIONAL CAPACITY ASSESSMENT TOOL**

UCSC Study #: {Cayuse Human Ethics Study number}

Study Title: {Title of the Cayuse Human Ethics Study}

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

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

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?**

Yes  No

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Printed Name of Evaluator Signature of Evaluator