

Subject Initials:

Subject Number:

eICF Survey
eICF Record ID (from RedCap):
Patient's Name:
LAR's Name:
LAR's Age?
What is your sex? <input type="checkbox"/> Female <input type="checkbox"/> Male
Which of the following best describes you? <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-race <input type="checkbox"/> Other:
What is the last grade you completed in school? <input type="checkbox"/> Less than high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school or GED <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Some post-graduate <input type="checkbox"/> Post-graduate or Professional degree <input type="checkbox"/> Other:
Do you think the electronic consent form sent to your smartphone described the study in a clear manner? <input type="checkbox"/> Yes <input type="checkbox"/> No
How comfortable were you in reading and signing the electronic consent? <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all – why?
If you had to go over this again, would you prefer to receive a paper version of the consent form? <input type="checkbox"/> Yes <input type="checkbox"/> No
How would you rate your electronic consent experience? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Neutral <input type="checkbox"/> Poor

