

## Diabetes Risk Assessment and Medical Referral or Signposting (DRAMeRS)

IRAS Number: 306747

### Consent Form (Patients)

If you agree to the following statements, please initial the boxes.

1. I confirm that I have read the Participant Information Sheet (DRAMeRS – Participant Information Sheet v5) or it has been read to me.	
2. I have had the opportunity to consider the information, ask questions and have had any questions answered to my satisfaction.	
3. I understand that by taking part in this study I will be told my risk level for developing type 2 diabetes.	
4. I understand that my risk level does not constitute a diagnosis of type 2 diabetes.	
5. I understand that taking part in this study may involve my personal information being collected and shared with my GP.	
6. I understand that I will be invited to complete a short online questionnaire about my experiences of being risk assessed.	
7. I understand that I may be invited to take part in a follow-up interview which will be conducted online or via telephone and will be audio-recorded using a separate recording device.	
8. I understand that any audio-recorded data will be shared with the research team's administrators for the purposes of transcription.	
9. I understand that anonymous quotes from my questionnaire responses and/or interview may be used in research outputs (e.g. papers, presentations)	
10. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. Any information gathered until that point will be retained and used in this research.	
11. I give consent to take part in this research study.	
Please provide your email address (or other preferred means of contact) to allow the research team to contact you:	

*Please turn over*

<b>Optional</b> <b>(You do not need to give consent to this item to take part in the DRAMeRS study)</b>	
12. I consent to being contacted two years after this study has ended about taking part in a follow-up study to determine the diagnostic accuracy of the risk assessment tool when implemented in a dental setting. I understand that this does not mean I am consenting to participate in this follow-up study.	

Name:  Signature:  Date:
Person taking consent:  Signature:  Date: