



CONSENT FOR RELATIVE INTERVIEW

IRB Stamp

Did you have a family member or someone who lives with you attended one or more classes?

? NO

? YES =>Continue informed consent process.

We would like to ask this person some questions about the classes you attended and how they have impacted your self-management, your health, and your family.

- This person will be asked questions about meal planning, exercise, my taking of medication, my diabetes-related health status, and about asking for help from my family and friends. (Show **Diabetes Relatives' Interview** in English or Spanish.)
- This interview will take 20 minutes.
- This interview is confidential. You (interviewer) will not share information about me with this person.
- Participation in this program is voluntary. I understand that I can refuse to consent to this interview.
- Refusal to participate will involve no penalty or loss of Coalition services or medical care or any other benefits to which I am entitled.
- All research records that will be maintained during this evaluation project will be kept in confidential and secure files. The study files may be reviewed by the funding agencies of this project, when authorized by statute or regulation.

Will you grant us permission to interview this person? ? NO ? YES (CONTINUE)

If yes:

Who is this person? _____

What is your relationship to this person? _____

Is this person 18 years or older?

? **NO. I'm sorry this person cannot be interviewed at this time.**

? YES. What is this person's age (in years): _____

How can we contact him or her?

Address: _____

Southeast Chicago Diabetes Community Action Coalition
Form A.15

Contact Telephone: _____

Signature

Print Name

Date

Witness [Is this person to be interviewed? __YES __NO]