**CONSENT FORM**

**HREC Assigned No: NHA/EC/173/2012**

**THE INFLUENCE OF FAMILY CHARACTERISTICS ON GLYCAEMIC CONTROL AMONG ADULT PATIENTS WITH TYPE 2 DIABETES MELLITUS ATTENDING THE GENERAL OUTPATIENT CLINIC, NATIONAL HOSPITAL, ABUJA, NIGERIA.**

Good day! We are conducting a research to determine the influence of family characteristics on glycaemic control among adults with type 2 diabetes attending the General Out-patient Clinic, National Hospital, Abuja. This would be achieved using a questionnaire specially designed to that effect, conduct of physical examination and drawing of blood sample to check your blood glucose. The result will help us to provide an optimal care to you regarding your current medical problem.

We request that you kindly provide answers to the questionnaire accurately to the best of your knowledge. We will equally check your weight, height, waist and hip circumference and measure your blood pressure. There is no risk associated with these, your name will not be on the questionnaire and every information will be kept confidential. Filling this form and subjecting yourself for general examination and drawing of the blood sample is completely voluntary. Failure to do so will not prevent you from receiving the usual care you use to receive in this hospital and you may wish to withdraw at any stage without any consequences.

Show your consent to the above request by either signing (no name) or thumbprint below.

Thank you.

Sign……………………………….. Date ………………………………………

I confirm that I have explained to the patient the purpose and content of these questionnaires, and study including the fact that his/her refusal to participate will not in any way affect his/her normal care by me or any other member of this institution. I know the consequences of any false declaration on this or any other form.

Sign(interviewer)………………………………………………Date……………………………………………