

### Informed Consent Form

#### **Modifying subconscious tongue movements to improve fluency in adults with confirmed developmental stutter: A pilot randomised feasibility study.**

I have read and understood the Information Leaflet about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction. **Yes**  **No**

I understand that I don't have to take part in this study and that I can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my future medical care. **Yes**  **No**

I am aware of the potential risks, benefits and alternatives of this research study. **Yes**  **No**

I give permission for researchers to look at my medical records to get information. I have been assured that information about me will be kept private and confidential. **Yes**  **No**

I have been given a copy of the Information Leaflet and this completed consent form for my records. **Yes**  **No**

I consent to take part in this research study having been fully informed of the risks, benefits and alternatives. **Yes**  **No**

I give informed explicit consent to have my data processed as part of this research study. **Yes**  **No**

I consent to be contacted by researchers as part of this research study. **Yes**  **No**

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Name of patient

Date

Signature

