

### 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 **Yes** ☐ **No** ☐  
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.

I understand that I don't have to take part in this study and that I can opt **Yes** ☐ **No** ☐  
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.

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

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

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

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

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

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

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Name of patient

Date

Signature

