**About the [Insert Organization Name] Diabetes Prevention Program and the Centers for Disease Control and Prevention**

***What Should Participants Expect?***

Please read this page before you decide if you would like to participate in this program.

The **[Insert Organization Name]** gathers information to measure how well they achieve their program goals.

The **[Insert Organization Name]** diabetes prevention program will support individuals with making changes in their weight, physical activity, and other self-care behaviors. You can help us by agreeing to let **[Insert Organization Name]** collect and review the information your lifestyle coach collects each week.

**Procedures:**

* Your weight, report of physical activity, and your record of what you eat will be collected for 16 weeks.
* Your weight data will be collected for as long as you are in the program, up to one year from your first day.
* The data **[Insert Organization Name]** collects will be kept in a secure database managed by Wake Forest School of Medicine.
* The data **[Insert Organization Name]** shares with the Centers for Disease Control and Prevention (CDC) from the program will NOT include your name or other information that could identify you, which means it cannot be linked back to you.

**Risks and Benefits:**

* There is little if no risk for participating in the **[Insert Organization Name]** program.
* The **[Insert Organization Name]** evaluation of this program will not directly benefit you.
* All results from the program will be shared in group form.
* Your participation will help improve the **[Insert Organization Name]** program so that it may continue to be offered in your community and in other communities.

**Participation is Voluntary:**

* Taking part in the **[Insert Organization Name]** program is completely voluntary.
* You are free to withdraw from this program at any time. If you decide not to participate in the **[Insert Organization Name]** program, it will not affect your current or future relationship with the **[Insert Organization Name]** or the CDC.

***Participants, please keep a copy of this consent form for your records.***

**[Insert Organization Name]**

**Diabetes Prevention Program**

***Participant Consent Form***

I understand that this program is designed for people who are at high risk for type 2 diabetes.

The goals of this program are to prevent or delay type 2 diabetes by helping me:

1. Lose at least 7% of my starting weight through healthy eating.
2. Achieve and maintain an average of at least 150 minutes of brisk physical activity each week.

I agree to attend regularly, be weighed, and turn in my physical activity and food logs each week.

I understand that the recommendations provided in this program will not take the place of any advice provided by my doctor of other medical providers. Any specific advice from my personal doctors should take priority over advice given in this program. It is strongly recommended that you see your doctor before starting the program. I understand that this is not a diabetes management class.

I have read the information about [Insert Organization Name] and the Centers for Disease Control and Prevention (CDC) on the back of this form. I agree to allow (Insert Program Name) to collect weight, attendance, activity and survey data and store it in a secure database. I also agree to allow the organization sponsoring this program to collect and send this information without my name attached to the CDC.

Please sign and date if you agree to the items above.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsoring Location or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Facilitators, please keep a copy of this form for your records.***