

## Consent Comprehension Form - General Study Participation

### GOH - Good Oral Health – A Bi-Level Intervention To Improve Older Adult Oral Health

**CONSENTOR:** The following questions must be asked of every individual to determine the potential participant's understanding of the study and his/her participation. The five (5) questions correspond to specific sections in the informed consent form (sections are noted with asterisks - \*\* to facilitate the process). Each question is asked immediately after reviewing that section of the consent form but **before the document is signed. All 5 questions must be answered correctly**, and the individual is given 2 attempts to provide the correct responses.

If all questions are answered correctly, the participant and the consentor will sign and date the consent forms.

If, after 2 attempts, he/she is unable to answer all 5 questions correctly, they are deemed ineligible to participate in the study. Please advise that they are not eligible to participate, offer your thanks and let them know that they are welcome to attend the building-wide oral health fairs that will take place in their building. Please attach this completed form to the copy of the consent form to be filed at the Institute for Community Research.

Subject Name: \_\_\_\_\_ Consentor Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

**1. How long will your participation last? (Around a year and a half/about 18 months.)**

Attempt 1 \_\_\_\_\_ Attempt 2 \_\_\_\_\_ Unable to answer correctly \_\_\_\_\_

**2. What is the purpose of this study? (How I can take better care of/improve how I care for my teeth and mouth.)**

Attempt 1 \_\_\_\_\_ Attempt 2 \_\_\_\_\_ Unable to answer correctly \_\_\_\_\_

**3. What will you be asked to do? (Complete questionnaires, have mouth/dental exams, show how I brush and floss my teeth, take part in an education session about my oral health, attend oral health fairs in my building.)**

Attempt 1 \_\_\_\_\_ Attempt 2 \_\_\_\_\_ Unable to answer correctly \_\_\_\_\_

**4. What are the risks related to your participation in this study? (Infection due to the dental exam, pain during the dental exam, uncomfortable answering questions, loss of privacy if someone overhears my answers to the questionnaire.)**

Attempt 1 \_\_\_\_\_ Attempt 2 \_\_\_\_\_ Unable to answer correctly \_\_\_\_\_

**5. Is your participation voluntary? (Yes. I can withdraw/quit at any time.)**

Attempt 1 \_\_\_\_\_ Attempt 2 \_\_\_\_\_ Unable to answer correctly \_\_\_\_\_