

Capacity assessment for residents DRIE (Dehydration Recognition in our Elders)

Resident name:

Date of birth:

Care home name:

Town:

Care home manager:

Researcher:

Researcher to work through the Participant information sheet before asking the following questions. Researcher to complete this section:

	Question to ask of the resident	Necessary reply	Appropriate reply	
			Yes	No
1	Can you tell us what the study is about?	Mention of drinking or hydration or dehydration	<input type="checkbox"/>	<input type="checkbox"/>
2	If you take part in the study, what will happen to you?	Mention blood test, questions and simple physical tests	<input type="checkbox"/>	<input type="checkbox"/>
3	If you take part in the study, who will we tell the results of the blood & urine & BP tests to?	Care home manager and own GP	<input type="checkbox"/>	<input type="checkbox"/>
4	If you take part in this study may we ask [the care home manager] about your health, abilities and medications now, and in 1 and 2 years?	Yes, that would be okay	<input type="checkbox"/>	<input type="checkbox"/>
5	If you decide not to take part in this study, will it cause any problems?	No, there would be no consequences, care and support would not alter	<input type="checkbox"/>	<input type="checkbox"/>
	Resident able to provide informed consent? Only tick "yes" if all questions 1-5 provided an appropriate reply (marked "yes")		<input type="checkbox"/>	<input type="checkbox"/>

Researcher signature:

Date:

Notes on process (note if participant lost interest or was upset etc):

Participant Consent Form (own consent) DRIE (Dehydration Recognition in our Elders)

Resident name:

Date of birth:

Care home name:

Town:

Care home manager:

Researcher:

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I have been given the opportunity to think about the study, ask questions and those questions have been answered adequately.
- I understand the purpose of the research project and my involvement in it.
- I understand that my participation is voluntary. I may withdraw from the research project at any stage, without giving any reason, and that this will not affect my medical or social care now or in the future.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.
- I agree to my blood and urine test results, and blood pressure, body temperature and pulse rate being reported to the care home manager and my GP.
- I agree that the researchers may access information about my current and recent health and medications, as well as my health and abilities in 1 and 2 years, from the care home management or nominated member of staff.
- I understand that study information may be stored and used later to answer further research questions.
- I agree to take part in this research study to develop a method to identify dehydration.

Your name: Signature: Date:

Researcher: Signature: Date:

- I understand that I can participate in this research and still choose whether I am happy to be weighed weekly for the next year. I agree to be weighed weekly.

Resident: Signature: Date:

Researcher to add:

Participant number:

GP name:

GP address: