

[insert date and address]

Dear [insert name]

Thank you for your contribution to the REPOSE study, we very much appreciate your help.

It is now 2 years since you attended your REPOSE DAFNE course. At this point we ask our study participants to complete the enclosed questionnaire. You may have filled in a similar questionnaire around the time of your last REPOSE follow-up visit.

We would be very grateful if you could complete this and bring it with you to your follow-up appointment at [insert site] which is due to take place in [insert time period e.g. X weeks time/a few weeks time/ around one month's time]. *[delete as appropriate]* Even if you have changed your treatment since starting the study or have missed any earlier appointments, we would still like you to complete the questionnaire.

Please answer all the questions as fully as you can. Although some questions may appear similar, it is still important that you answer every one. Your information is very important to us.

One important piece of information that we hope you will provide at your final visit is the number of hypos you have experienced (both severe and non-severe). We want to reassure you that all the information you provide as part of the REPOSE trial is kept completely anonymous and would not be sent to any organisation where participants could be identified.

[If envelope enclosed, insert the following:] If you prefer/If you are unable to attend your follow-up appointment *[delete as appropriate]*, please return your questionnaire in the pre-paid envelope provided.

We are well aware of the considerable effort we have asked of people who have taken part in REPOSE. As a small token of our appreciation of your help in assisting us complete this Trial successfully, we are enclosing a £10 voucher.

Best wishes,

The REPOSE team

DAFNE number:

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PERMISSION FOR FUTURE CONTACT

Would you be willing to be contacted in the future by a member of the REPOSE study team to talk about your diabetes and experiences of taking part in the REPOSE study?

Your contact details will be stored securely and only used by members of the REPOSE study team.

If you wish to be contacted then please complete the details below and return in the pre-paid envelope.

Print name.....

Signature.....

Date.....