



Centre
Practice
Practice unique identifier
Participant's unique identifier []

CONSENT FORM FOR YOU TO KEEP

PATIENT CONSENT FORM A

Antidepressant drug therapy vs a community based psychosocial intervention for the treatment of moderate postnatal depression: a pragmatic randomised controlled trial

I confirm that I

- ◆ have read and understood the patient information sheet (version 5, 01122005)
- ◆ have received enough information about the study
- ◆ have had the opportunity to discuss the study and ask questions and have received satisfactory answers to my questions (please phone the **Respond Team on (0117)xxx xxxx** if necessary)

YES / NO

I understand that I am agreeing to

- ◆ complete the Edinburgh Postnatal Depression Scale questionnaire and return it to the study centre
- ◆ allow the score from it to be used anonymously for statistical purposes
- ◆ allow the study centre to contact me again if necessary
- ◆ be free to withdraw from the study at any time, without having to give a reason and without affecting my current or future medical care
- ◆ the details of my participation up until the time of withdrawal being stored anonymously on file and may be used in the final analysis of data.

YES / NO

- ◆ I agree to participate in this study **YES /NO**

Signed _____

Name (block letters) _____

Date _____

(ISRCTN 16479417)