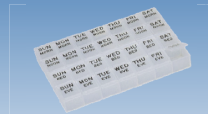


What are the effects of pill boxes?



Consent Form



If you wish to be involved, please **initial each box** and complete the details at the bottom of the form. Once completed, please **return in the envelope** provided.

I confirm that I have read and understand the **patient information sheet version 3rd June 2012** about the above study and have been given a copy to keep. I have had the opportunity to ask questions and understand why the research is being done.

I understand that my participation in this study is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

I understand that I will be contacted by the research team using the information that I provide below.

I agree to take part in the study.

Family name _____

First name _____

Signature _____

Date _____

Address _____

Telephone number _____ E-mail address _____

If you might be interested in participating in a small group discussion at the end of this study please tick this box.