

Patient Consent Form-Qualitative Study

Lead investigator for the PROVE team: Dr Karen Barker

Physiotherapy Rehabilitation for Osteoporotic Vertebral Fracture (PROVE)

- Please initial boxes
1. I confirm that I have read and understood the information sheet (dated 13 Dec 2012, V2.1) for the above study. I have had time to think about whether or not I would like to take part in this study and have had the opportunity to ask questions.
 2. I understand that my participation in this study is voluntary and that I am free to withdraw from the study at any time, without giving any reason and without my medical care or legal rights being affected.
 3. I give permission for the researcher to make written notes of her thoughts during the interview.
 4. I give permission for the interview to be audiotaped.
 5. I am aware that the results of this study will be published and I give permission for anonymised quotes from my interview to be printed in the published report.
 6. I agree to take part in this study.

Name of Participant
Signature

Date

Name of Researcher
Signature

Date