

PARTICIPANT CONSENT FORM

If you wish to take part in the **OTIS** study, **please place your initials in each of the boxes below, sign and date this form, and complete the attached questions**. Please return these forms in the pre-paid envelope provided. If you (or a relative or friend) would like to ask more questions about this study before deciding whether to take part, please do not hesitate to contact [insert trial coordinator's name and telephone number].

All the information on this form will be kept confidential and won't be released to anyone outside the research team

Please initial each box

1. I confirm that I have read and understand the information sheet version 5 dated 09.11.2017 for the above study and have had the opportunity to ask questions by phoning the contact number provided. **I agree to take part in the OTIS study.**

2. I understand that my participation 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.

3. I understand that relevant sections of any of my medical records and/or study data may be looked at by responsible individuals from the research team, York Trials Unit or from regulatory authorities where it is relevant to my taking part in the research. I give permission for these individuals to access my records.

4. I agree to my GP being informed of my participation in the study and of any health concerns the OTIS study team may become aware of during my participation.

5. I agree to the University of York's Trials Unit holding my contact details and consent form to allow them to send me questionnaires and other OTIS study related documents and to contact me to collect information or answer queries about the study.

6. I agree that my anonymised data can be used by authorised researchers studying other relevant research projects.

7. I am willing to receive emails/texts (please delete as necessary) about the OTIS study. See participant information sheet, page 4 top left hand corner.

8. I am happy for a family member/friend/carer (please delete as necessary) to answer on my behalf if I am unable to or prefer them to answer.

9. We may offer some people a home visit from an occupational therapist. If offered, I agree to them visiting me at home on a day and time convenient for me.

Please complete below

Name of Participant

_____/_____/_____
Date

Signature

PLEASE TURN OVER

Other research studies

Researchers from the *OTIS* team would like to contact men and women who agree to take part in the main *OTIS* study to see if they would be interested in helping with other related studies these are entirely optional. If you would like to be sent information about related studies please tick this box.

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