

*Trial of welfare advice for older general practice patients
(the Do-Well study)*

**Other household members consent form for
qualitative study**

Principal Researcher: _____

Other household member Study number: _____

Participants Study number: _____

Participant Date of Birth (dd/mm/yy): _____

Please initial each box below to confirm you have read each statement and agree:

I confirm that I have read and understood the information sheet version 1.1 dated 17Mar2014 about the Qualitative research and have had sufficient time to think about it. The aim of the study and the procedures required have been explained to me by the researcher. I have had the opportunity to ask questions about the study.

I consent to taking part in the interview for the trial of welfare advice for older general practice patients (the Do-Well study). I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and that this will not affect my medical or social care in any way.

I understand that this part of the study will involve taking part in a recorded interview with a member of the research team.

I understand that I will not be identified by name in any reports or publications, and that any information relating to me will be kept confidentially.

Print Name of Participant

Signature of Participant

Date signed by Participant

Print Name of Researcher

Signature of Researcher

Date signed by Researcher