Consent forms

Appendix 3.1: Initial consent form

Participant ID: ..... Researcher ID:..... Date: .....

CONSENT FORM, version 3.0, R&DPCT, REC No. 12/LO/0917

Title of Project: A multi-centre randomised controlled trial comparing the effectiveness of enhanced motivational interviewing with usual care for reducing cardiovascular ri

Please initial box

1. I confirm that I have read and understand the information leaflet dated 29/05/2013 version 3.0 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at ar time without giving any reason, without my medical care or legal rights being affected. ☐
3. I agree to take part in the study ☐
4. I agree for my medical notes to be checked by the research team for the duration of the study. I understand that the data collected during the study may be looked by the study sponsor or the regulatory authorities. I give permission for these individuals to have access to my research data. ☐
5. I agree for my data collected during the study to be shared with my general practitioner. ☐
6. I agree to the research team audio taping some of the motivational therapy sessions and that direct quotes from the interviews may be used in reports. I understand that confidentiality will be maintained and it will not be possible to identify me from any publications. ☐
7. I agree to have a blood sample taken to test my cholesterol and glucose levels. ☐

Please delete the following items if you do not wish to do them:

8. I agree to be contacted about future research. ☐
9. I agree for some of my blood sample to be stored for future research. ☐
10. I agree for my medical notes to be accessed by the research team/ regulatory authorities for a period of up to 5 years after the end of the study. ☐

☐

11. I agree to be invited for further interviews.

12. I understand that information held by the NHS and records maintained by The NHS Information Centre and the NHS Central Register may be used to help contact me and provide information about my health status. ☐

_____ _____ _____

Name of Patient Date Signature

_____ _____ _____

Name of Person taking consent Date Signature

Appendix 3.2: Additional consent form

Participant ID: ..... Researcher ID:..... Date: .....

ADDITIONAL CONSENT FORM, version 1.1,
REC No. 12/LO/0917

Title of Project: A multi-centre randomised controlled trial comparing the effectiveness of enhanced motivational interviewing with usual care for reducing cardiovascular r

Please initial box

1. I give permission for my data to be linked with and used by other research studies which I have consented to take part in. ☐

2. I agree for my Hospital Episodes Statistics data, information on all hospital appointments for up to a 6 year period beginning 12 months before participating in the study, to be checked by the research team. ☐

_____ _____ _____

Name of Participant Date Signature

_____ _____ _____

Name of staff member Date Signature
(for office use only)

Appendix 3.3: Additional consent form B

Participant ID: ..... Researcher ID:..... Date: .....

ADDITIONAL CONSENT FORM B, version 1.0,
REC No. 12/LO/0917

Title of Project: A multi-centre randomised controlled trial comparing the effectiveness of enhanced motivational interviewing with usual care for reducing cardiovascular risk

Please initial box

1. I confirm that I have read and understand the information leaflet dated 26/02/[illegible] version 1.0 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

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

3. I agree to take part in the focus group. ☐

4. I agree to the research team audiotaping the focus group and that direct quotes from the interviews may be used in reports. I understand that confidentiality will be maintained and it will not be possible to identify me from any publications. ☐

_____ _____ _____

Name of Patient Date Signature

_____ _____ _____

Name of Person taking consent Date Signature

Appendix 3.4: Additional consent form C

Participant ID: ..... Researcher ID:..... Date: .....

ADDITIONAL CONSENT FORM C, version 1.0,
REC No. 12/LO/0917

Title of Project: A multi-centre randomised controlled trial comparing the effectiveness of enhanced motivational interviewing with usual care for reducing cardiovascular risk

	Please initial box
1. I agree to the research team video recording an intervention session in which I am included. The recording will be used for educational purposes only.	☐

_____ _____ _____

Name of Patient Date Signature

_____ _____ _____

Name of Person taking consent Date Signature

Appendix 3.5: Additional consent form D

Participant ID: ..... Researcher ID:..... Date: .....

ADDITIONAL CONSENT FORM D, version 1.0,
REC No. 12/LO/0917

Title of Project: A multi-centre randomised controlled trial comparing the effectiveness of enhanced motivational interviewing with usual care for reducing cardiovascular risk

Please initial box

1. I agree to the research team using a photograph of myself and/or a thank you message I have written. This will be used to promote the study for educational an training purposes. ☐

_____ _____ _____

Name of Patient Date Signature

_____ _____ _____

Name of Person taking consent Date Signature