

Consent form

Game of Stones: Texting men to help them lose weight

Game of Stones Research Team

NMAHP Research Unit

Scion House, Innovation Park

University of Stirling,

FK9 4NF

Tel: xxx

Mobile: xxx

E-mail: gameofstones@stir.ac.uk

Study Number: 14/185/09

Participant Identification Number: _____

CONSENT FORM

Title of Project: Game of Stones: texting men to help them lose weight

Name of Researcher:

By signing this form and initialling each box, I agree that

Please
initial box

- I have been given the Participant Information Leaflet about this study dated.....
(version 2) and have had the opportunity to discuss the information and ask questions.
My questions have been answered satisfactorily. ☐
- 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. I understand
that information collected up to the time of withdrawal may be used ☐
- I confirm that I am not taking part in any other research study related to weight loss. ☐

- I understand that I may be contacted in the future for long term follow up of men taking part in the Game of Stones study.

☐

- I understand that I will be in 1 of 3 groups and the group will be chosen by chance. The 3 groups are: 1) text messages, 2) text messages and financial incentive or 3) waiting for 12 months then text messages.

☐

Please initial box

- I understand that I may be asked some questions about my experiences of being in the study and give my permission to audio-record the discussion. Any quotations used in reports would be anonymous.

☐

- I agree that relevant information and my contact details can be stored confidentially and securely by the researchers at the University of Stirling and the University of Dundee.

☐

- I agree that my information can be kept after the study has finished and may be used for teaching, further research, presentations and publications and sharing with other researchers doing similar studies. I understand that no-one will be able to identify me from the information that is kept.

☐

- I understand that information I provide during the study, may be looked at by responsible individuals from the research team, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.

☐

- (optional) I understand that the information held and maintained by the Health and Social Care Information Centre and other central UK NHS bodies may be used to help contact me or provide information about my health status.

☐

- I agree to take part in the Game of Stones study.

☐

Name of Participant (CAPITALS)

Date

Signature

Name of Person taking
consent (CAPITALS)

Date

Signature

When completed: 1 for participant; 1 for researcher site file.