



## The PIMMS-WL Trial

**Feasibility and acceptability of a brief routine weight management intervention for postnatal women embedded within the national child immunisation programme in primary care: randomised controlled cluster feasibility trial with nested qualitative study.**

**Patient Screening Consent Form**  
**Version 4.0 1<sup>st</sup> February 2018**

**PIMMS-WL**  
 Trial No:

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Patient  
 Initials:

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**Please initial each  
 box to indicate your  
 consent**

<b>1.</b>	I confirm that I have read and understood the information sheet for the <b>PIMMS-WL</b> trial (Version __, dated <u>DD/MM/YYYY</u> ). I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.	<input type="checkbox"/>
<b>2.</b>	I understand that my participation is voluntary, that I am not obliged to take part in the full <b>PIMMS-WL</b> trial, and the standard of my medical care or legal rights will not be affected.	<input type="checkbox"/>
<b>3.</b>	I understand that data collected that identifies me by name, including my contact details and my consent form, will be transferred from where it is collected and stored at the University of Birmingham Clinical Trials Unit (BCTU). I agree to the transfer and storage of this data for use in the <b>PIMMS-WL</b> trial.	<input type="checkbox"/>
<b>4.</b>	I give permission for my data collected during the study to be looked at by responsible individuals from the <b>PIMMS-WL</b> trial office at the University of Birmingham Clinical Trials Unit (BCTU), from the sponsor, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I understand that all information collected will be used for this research only and that I will not be identified in any way in the analysis and reporting of the results.	<input type="checkbox"/>
<b>5.</b>	I agree to take part in screening in order to determine my eligibility for participation for the <b>PIMMS-WL</b> study and I understand that I may not be suitable to take part as detailed in the information sheet.	<input type="checkbox"/>

Name of Participant: .....

Signature: ..... Date:.....

Name of Person taking consent: .....

Signature: ..... Date:.....

**Original to be filed in the Investigator's Site File; 1 copy for patient;  
 1 copy to be kept with patient's GP record; 1 copy to be sent to BCTU**

Please return a copy of this form to: The PIMMS-WL Trial, Birmingham Clinical Trials Unit (BCTU),  
 Institute of Applied Health Research, Public Health Building, University of Birmingham, Edgbaston, Birmingham, B15 2TT