

Health in Groups: A Longitudinal and Cross-National Study

Participant Consent Sheet

(Principal Investigator: Prof. Fabio Sani)

Please write your initials in each box below and then sign the bottom of the sheet and return this form to us in the FREEPOST envelope along with your questionnaire (no stamp needed)

1. I agree to participate in this study.
2. I agree to complete the questionnaire.
3. I agree to my GP being informed that I am participating in this

study.

1. I agree that my health data (that is relevant to the study) can be accessed. . (See Information Sheet for more info on this issue).
2. I agree to being re-contacted in 2 years to complete a similar questionnaire and to have my (relevant) health data re-accessed.
3. I agree that the research team may inform my GP if my questionnaire indicates that I may have depression.
4. If I lose the ability to give my consent to participating in the study (e.g., due to illness), I agree to be removed from the study and for the researchers to keep and use any data I have already provided.

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Name of participant (please print) Date Signature

\_FABIO SANI\_\_\_\_\_\_\_\_\_\_\_\_\_ \_01/07/12\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Date Signature

**Many thanks for participating in our study-the information we receive from you has the potential to improve people’s lives.**

**We appreciate your contribution to our work hugely.**