

REC ref: 06/Q0512/81
UCLH Project ID no: 06/N047
Participant ID no. for this study:
Form version & date: Version 10.5 (21-December -2016)

CONSENT FORM

“Neuropsychological investigation of visuo-perceptual, visuo-spatial and literacy skills in posterior cortical atrophy”

PCA Sub-study 5: Home-based observations of everyday activities

		PLEASE INITIAL BOX
1.	I confirm I understand that I am already participating in the “ <i>Neuropsychological investigation of visuo-perceptual, visuo-spatial and literacy skills in posterior cortical atrophy</i> ” study and have been given an opportunity to re-read the principal study information sheet dated 21-December-2016 (Version 10.0).	
2.	I confirm that I have read and understood the information sheet dated 21-December-2016 (Version 10.5) for this PCA sub-study and have had the opportunity to ask questions.	
3.	I confirm that I have had sufficient time to consider whether or not I want to be included in the study.	
4.	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my participation in the main study or my medical care or legal rights being affected.	
5.	I understand that information gathered about me during the principal PCA study will be used by researchers in conjunction with information gathered during this sub-study.	
6.	I consent to participating in the following activities within my home in order to provide data to be viewed only by the research team. (If you do not wish to participate in any of the following tasks please circle ‘No’. This will mean that you will not take part in these activities but you will be able to take part in other experimental tasks): i) Sensor recordings ii) Video recording	Yes / No Yes / No

	iii) Wearing a clip-on camera	Yes / No
	iv) Audio-recording interviews about my daily activities and home environment	Yes / No
	v) Photographs being taken of parts of my home	Yes / No
	I consent to the following data information video recordings and photographs collected during this study to be used for future research, teaching and educational purposes. I understand that some people may be able to recognise or identify me from this data.	
	i) Video recording	Yes / No
	ii) Photographs of parts of my home	Yes / No
8.	I agree to take part in the above study.	

This consent has been obtained using verbal modality (audio-recorded):

Name of Participant

___/___/___
Date

Signature

Name of Researcher

___/___/___
Date

Signature

Name of Chief Investigator:

Professor Sebastian Crutch

Email: s.crutch@ucl.ac.uk

Tel: 020 3448 3113

Name of Researcher to be contacted if there are any problems

(if different to the Chief Investigator):

[name]

Email: _____

Tel: _____