

#### Seeing What They See:

#### Compensating for Cortical Visual Dysfunction in Alzheimer's disease

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The participant should complete the whole of this sheet | | | | |
|  | ***Please tick the appropriate box*** | | | |
| YES | |  | NO |  |
| **Have you read the Research Participant Information Sheet?** | | | | |
| **Have you had an opportunity to ask questions and discuss this study?** | | | | |
| **Have you received satisfactory answers to all your questions?** | | | | |
| **Who have you spoken to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Do you understand that you will not be referred to by name in any report**  **concerning the study?** | | | | |
| Do you understand that you are free to withdraw from the study: | | | | |
| * **at any time?** | | | | |
| * **without having to give a reason for withdrawing?** | | | | |
|  | | | | |
| **I agree to my interview being recorded.** | | | | |
| **I agree to the use of non-attributable direct quotes when**  **the study is written up or published.** | | | | |
| **Do you agree to take part in this study?** | | | | |
| Signature of Research Participant: | | | | |
| Date: | | | | |
| **Name in capitals:** | | | | |
|  | | | | |
| **Witness statement** | | | | |
| **I am satisfied that the above-named has given informed consent.** | | | | |
| Witnessed by: | | | | |
| **Date:** | | | | |
| **Name in capitals:** | | | | |