

**LONDON’S GLOBAL UNIVERSITY**

**DEPARTMENT OF BEHAVIOURAL SCIENCE AND HEALTH**

IRAS ID: 244721

Sponsor Ref: 18/0445

Participant Identification Number: [to be completed]

**The Mood and Health Study**

**Consent Form**

Title of Project: Commonalities in depression across multiple physical illnesses: the experience of living with mental and physical illness in community dwelling adults

Researchers: Dr Lydia Poole, Prof Andrew Steptoe, Dr Rachael Frost, Dr Georgia Black, Ms Hannah Rowlands

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|  |  | **PLEASE INITIAL BOX** |
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| 1. | I confirm that I have read the information sheet dated 17/01/2019 (version 3.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. |  |
| 2. | 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. |  |
| 3. | I understand that data collected during the study may be looked at by the research team from University College London (UCL), responsible individuals from regulatory authorities or from the NHS trust sponsor, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. |  |
| 4. | I agree to take part in an interview. |  |
| 5. | I understand that the interview will be audio-recorded and transcribed (written out) and may be looked at by a member of the research team or the sponsor, UCL. All data will be kept confidential and made anonymous. |  |
| 6. | I agree to my GP being notified of my participation in this study. |  |
| 7. | I agree to my GP being notified if I am identified as needing additional medical care. |  |
| 8. | I agree to my anonymous data being kept securely stored in locked filing cabinets, in locked offices, at UCL for up to 20 years prior to being destroyed. |  |
| 9. | I agree to my anonymous data containing no personal identifiable data being made available on the UK Data Service. |  |
| 10. | I agree to take part in the above study. |  |

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Name of participant Date Signature

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Name of person Date Signature

taking consent