

RESEARCHER'S RECORD OF VERBAL CONSENT

Participant with dementia

IDEAL-2 Participant Identification Number:

Study title: The IDEAL-2 study

Living well and enhancing active life: the impact of COVID-19 (INCLUDE)

Instructions to the researcher prior to taking verbal consent:

Please refer to the 'Assessment of capacity to consent' guidance. Please follow the IDEAL-2 programme guidance on assessment of capacity to consent. DO NOT continue with the process to take consent from a participant with dementia if capacity is in doubt. If consent does not proceed please thank them for their time and end the call.

This study is an additional part of IDEAL-2 about living in the time of the COVID-19 pandemic and how this may have affected you. Thank you for your interest in taking part in the study. Due to safety restrictions during COVID-19 we are collecting information [over the phone/online]. This also means we will also take your consent [over the phone/online]. I'm now going to begin to formally record our conversation about you considering and providing your consent to take part. I will start by asking you to confirm a series of statements for me. I will record your answers on a form by putting my initials in the boxes on the form and make an audio-recording for our records to confirm you have understood what taking part involves and are happy to provide your consent. I will just start with some key details about you and then please confirm with a 'yes' or 'I confirm'.

Researcher initial box

- a) Researcher to confirm the participant has provided evidence of identity (e.g. name, address, date of birth) Other (please specify).....
- b) Researcher to confirm that the participant has had the "235712 Short PIS PWD V1 09.07.2020 IDEAL2 INCLUDE" read to them with and an opportunity to read the "237512 Long PIS PWD V1 09.07.2020 IDEAL-2 INCLUDE" and any questions have been answered satisfactorily.

☐
☐

Please ensure each question is asked exactly as written and the participant responds with a clear 'yes' or 'I confirm' for each and then initial each box.

Prior to starting the voice recording state the IDEAL Participant ID Number, the date, and your name (name of the researcher).

Then start the voice recording and read each of the numbered questions to the participant and initial the box if they provide their consent to each point.

Page 1 for the researcher, copy of page 2 can be sent to the participant

The IDEAL-2 study
Living well and enhancing active life: the impact of COVID-19 (INCLUDE)

PARTICIPANT CONSENT FORM

Researcher initial box

Participant has confirmed a) evidence of identity and b) receipt of information

☐

[Participant Name], please can you confirm you understand and agree to the questions I am about to ask:

1. That you have been given and understood information about the study in version 1 of the IDEAL2 INCLUDE study dated 9th June 2020 and that you have had the opportunity to ask questions and were provided with satisfactory answers?
2. That your consent to take part is being formally audio-recorded, and that we will keep a copy of this recording to confirm you gave consent?
3. That it is your choice to take part and you can change your mind or withdraw at any time, without having to say why?
4. That if you withdraw from the IDEAL-2 INCLUDE study you can still take part in the main IDEAL-2 study?
5. That taking part in IDEAL-2 INCLUDE will involve your responses being audio-recorded and that the recording will later be written out in full so that researchers can use the information you provided for the research?
6. That you understand that data collected during the study, may be looked at by individuals from the University of Exeter, or from regulatory authorities, where it is relevant to you taking part in this research and that you give permission for these individuals to have access to you data?
7. That you understand that the information collected about you will be used to support other research in the future, and may be shared anonymously with other researchers?

☐
☐
☐
☐
☐
☐
☐

Finally, please can you confirm:

8. That you agree to take part in this study?

☐

Thank you very much. I have signed and dated the form. Would you like me to send you a copy?
This will be when COVID-19 restrictions allow.

 Name of person
 taking verbal consent

 Electronic signature

 Name of participant

 Date