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# Information Sheet for Participants and Family Members:

**Title of research project: Video for anxiety and/or depression after stroke.**

This research project has two parts.

In part 1, you will complete questionnaires on your mood and watch relaxation videos.

In part 2, you will give feedback on the relaxation videos with an interview (see part 2 consent form).

Investigators:



Prof. Ian Kneebone

Graduate School of Health, Clinical Psychology

University of Technology Sydney (UTS)



Dr.Brooke Ryan

Graduate School of Health, Clinical Psychology

University of Technology Sydney (UTS)

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**Professor Katerina Hilari**

**School of Health & Psychological Sciences, Division of Language and Communication Science**

**City, University of London**

You are invited to take part in research.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that **you understand why the research is done and what it involves for you**. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

What is this project about?

We want to learn about what helps people with **aphasia and**

**anxiety and/or depression** after stroke.



Depression



Anxiety

We would like to **give you a video on relaxation and breathing exercises** to help with anxiety/depression after stroke.





Relaxation

What do I need to do?

You will need to **sign a consent form**.



Sign a consent form

You will need to fill in a **questionnaire** about **yourself.**

The questionnaire will ask about your:

* age



Fill in a questionnaire

* gender
* phone
* home address
* health information
* We will give you a **Video** to watch for anxiety/depression treatment.

What would I need to do?

You will need to complete **four main phases of the study**

1. **Before Treatment Assessment**
   * **You** or a **family member/carer** will complete a short **questionnaire** about your anxiety/depression for approximately **(20 minutes).** We will monitor your mood with this questionnaire, once a week for four weeks.
   * We will speak with your family member/carer on the

telephone or on the internet.



1. **Video Treatment**
   * You will complete the video treatment by yourself or with your carer.
2. **Follow-up phone calls**
   * You will receive follow-up phone calls or internet video meetings from us to see how you are going with the treatment.
3. **After Treatment Assessment**
   * **You** or your **family member** will complete a short **questionnaire**

about your anxiety/depression for approximately **(20 minutes).**

* + We will speak with your family member on the **telephone or on the internet.**

Who should watch the video?

You can watch the video **by yourself** or you may like a **family member to watch it with you.** It is your choice.

How often should I watch the video

* Please watch the video:
  + **(5) five** times per **week.**
  + **Every week** for **(1) one month**.
* We will send you **reminders** to watch the video.

What will happen to the information I give?

* Only the **investigators** can **access** your **information**.
* We will keep the information you give us at The **University of Technology Sydney.**



Information kept safely

* All information will be **kept safely.**
* All information will be **confidential.**
* To **protect your privacy,** all information about you will be

**labelled** with a **code number.**



Publications

* The results may appear in **journal publications** and

conference presentations.

* **Your identity** in publications will be **kept private**.
* We will email a **summary of the results to those who want it**.

How long will you keep my information for?

* All your information from the study will be stored securely for **7 years.**

Are there any risks?

* There is **no danger** in doing this research.

**Are there any benefits?**

* **Relaxation** may **improve** your **mood.**
* There may also be **no benefits.**

What if I decide I do not want to be involved?

* You **do not have to participate**. It is **your choice.**
* You can start participating and then **change your mind.**
* You can **ask questions at any time**.
* Saying no **will not affect** your **relationship with** The University of Technology Sydney or City, University of London.



You can stop at anytime

* You can stop at anytime, without giving a reason.

To stop doing the research contact:

|  |  |
| --- | --- |
| **In Australia:** | **In the United Kingdom:** |
| **Ian Kneebone:**  A person smiling for the camera  Description automatically generated with low confidence    Telephone:  02 9514 4280    Email:  Ian.Kneebone@uts.edu.au | **Katerina Hilari:**  photo of 	Katerina Hilari  Telephone:  +44(0) 2070404660  Email:  [k.hilari@city.ac.uk](mailto:k.hilari@city.ac.uk) |

Who has approved this research?

|  |  |
| --- | --- |
| **In Australia:** | **In the United Kingdom:** |
| This study has been cleared by the human **ethics committees at University of Technology Sydney** and **The University of Queensland**. | This study has also been cleared by the **School of Health and Psychological Sciences research** **ethics committee at City, University of London.** |

What if I have a complaint?

|  |  |
| --- | --- |
| **In Australia:** | **In the United Kingdom:** |
| **University of Technology Sydney:**  Telephone:  02 95149772  Email:  [research.ethics@uts.edu.au](mailto:research.ethics@uts.edu.au) | **City University of London:**  Telephone: (020) 70403040  Email: [j.montogomery@city.ac.uk](mailto:j.montogomery@city.ac.uk)  A picture containing text, clipart  Description automatically generatedWrite to:  John Montgomery,  Research and Enterprise Office City University of London Northamptom Square,  London ECIV 0HB |

**What will happen if the research stops?**

* We will notify you immediately.



Information kept safely

* A picture containing text, file, furniture, wall

  Description automatically generatedWe will keep the information you give us at The **University of Technology Sydney** for **7 years.**
* All information will be **kept safely.**
* All information will be **confidential.**
* To **protect your privacy,** all information about you will be **labelled** with a **code number.**

**What if I have more questions?**

Please contact:

Ian Kneebone:

Telephone: 02 9514 4280



Email: [Ian.Kneebone@uts.edu.au](mailto:Ian.Kneebone@uts.edu.au)

How can I find out the results of the study?

* We can **email** our **findings** out to you
* Do you want us to email our results to you?

**Yes** No

* X

# Are there any conflicts of interest?

# There are no conflicts of interest for this study.

# Who is funding this research?

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# The University of Technology Sydney

# If you would like to participate

# please fill out the consent form on the next page.

# Consent Form for Participants and Family Members

I (please write full name) and

(family member or carer name if applicable) agree to participate in this research.

I understand:

* this study is about a video treatment for anxiety/depression.
* I need to watch a **video** for **5 days a week** for **(1) one month**.





Relaxation

* My family member or I need to complete questionnaires before and after the video treatment

I understand:



* that **I do not have to participate** if I do not want to.
* that I can **stop at anytime.**
* that I can ask questions at anytime.
* that there is **no risk involved in** doing this study.

I understand the information I give:

* Will be stored safely at **University of Technology Sydney.**
* Will be stored securely for **7 years.**
* The **results** may appear **in journal publications** and

conference presentations.



Publications

* My **identity** in **publications** will be **kept private.**
* I will be emailed a **summary** of the **results** of this **study** if I want**.**

Participant signature:



Consent

Date: / /

Family member or carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_/\_\_/\_\_