

Study 2: Information Sheet for Participants and Family Members

Title: Video for anxiety after stroke.

Investigators:



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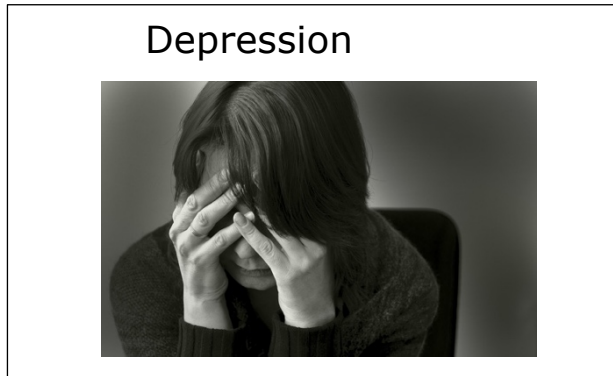


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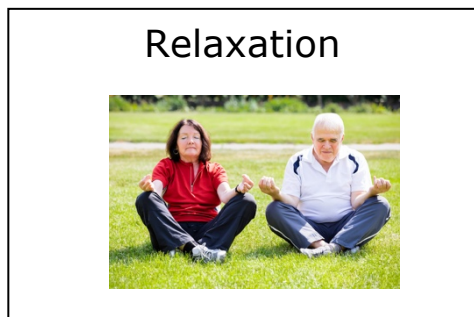
You are invited to take part in research

What is this project about?

We want to learn about what helps people with **aphasia and anxiety and Depression** after stroke.



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



What do I need to do?

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

Sign a consent form

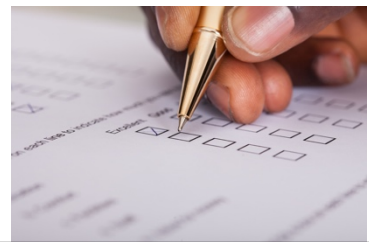


You will need to fill in a **questionnaire** about **yourself**.

The questionnaire will ask about your:

- age
- gender
- phone
- home address
- health information

Fill in a questionnaire



- We will give you a **Video** to watch for anxiety treatment.

Video

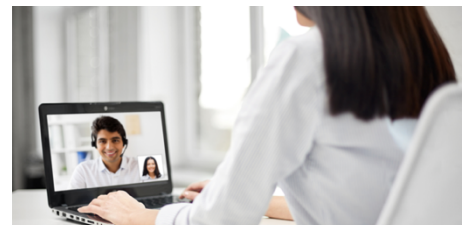


What would I need to do?

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

1. Before Treatment Assessment

- Your **family member/carer** will complete a short **questionnaire** about your anxiety for approximately **(20 minutes)**.
- We will speak with your family member/carer on the **telephone or on the internet.**



2. Video Treatment

- You will complete the video treatment with your carer.



3. 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.

4. After Treatment Assessment

- Your **family member** will complete a short **questionnaire** about your anxiety 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 do this **by yourself** or you may like a **family member to do 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.
- Please **fill** in the **record** we give about **how many times** you watch it.



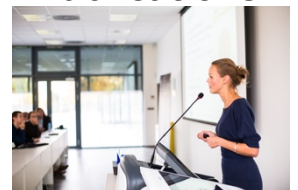
What will happen to the information I give?

- We will keep the information you give us at The **University of Technology Sydney**.
- 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**.
- The results may appear in **journal publications** and **conference presentations**.

Information kept safely



Publications



- **Your identity** in publications will be **kept private**.
- We will email all participants a **summary of the results**.



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.

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 anytime**.
- Saying no **will not affect** your **relationship with** The University of Technology Sydney.
- You can stop at anytime.

You can stop at anytime



To stop doing the research contact:

Ian Kneebone:



Telephone: 02 9514 4280



Email: Ian.Kneebone@uts.edu.au

wno has approved this research?

- This study has been cleared by the human **ethics committees** at **University of Technology Sydney** and **The University of Queensland**.

What if I have a complaint?

If you would like to speak to an **officer** of the University **not involved in the study**, you may contact:

The Ethics Officer at:

University of Technology Sydney:

research.ethics@uts.edu.au

University of Queensland:



Telephone: (07) 3365 3924



humanethics@research.uq.edu.au

What if I have more questions?

Please contact:

Ian Kneebone:



Telephone: 02 9514 4280



Email: 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

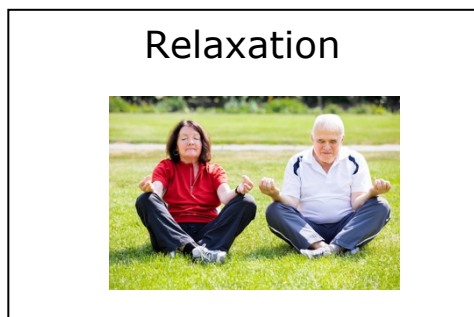


Consent Form for Participants and Family Members

I _____ (please write full name) and
_____ (family member name if applicable) agree
to participate in this research.

I understand:

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



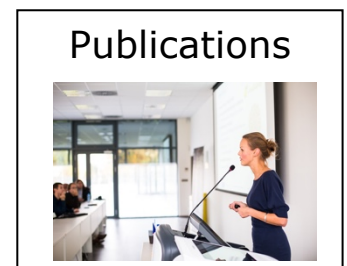
I understand:

- 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**.
- We will store the information securely for **7 years**.
- The **results** may appear **in journal publications** and **conference presentations**.



- 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: _____

Date ___/___/___

