**Participant Information Sheet/Consent Form**

**Health/Social Science Research** -*Adult providing own consent aphasia friendly*

|  |  |
| --- | --- |
| **Title** | Unmet rehabilitation needs of stroke survivors in Australia  pilot feasibility randomised control trial |
| **Short Title** |  |
| **Protocol Number** | 2024/ETH01885 |
| **Project Sponsor** | St Vincent’s Health Network Sydney |
| **Coordinating Principal Investigator** | Dr Lauren Christie |
| **Site Principal Investigator** | Dr Lauren Christie |
| **Associate Investigator(s)** | Professor Natasha Lannin  Kate Makroglou  Dr Christine Shiner  Dr Kate Scrivener  Maddison Smith  Professor Mark Parsons  A/Professor Erin Godecke  Kelvin Hill  Dr Angela Dos Santos |
| **Location** | St Vincent’s Health Network Sydney |

**What?**

|  |  |
| --- | --- |
| We are doing some **research.**  It is about **your** **needs** after **stroke.**  Research help us **learn** about **what** needs stroke survivors have and **how** we can help**.** | **Work at home concept in flat design** |

**Why me?**

|  |  |
| --- | --- |
| You **have had a stroke**.  You had **treatment** for your stroke**.**  You completed some **rehabilitation** for stroke.  We want to know about **your experience of rehabilitation.** | Hospital and ambulance buildingepilepsy brain condition  **C:\Users\msmith26\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\177C421B.tmp** |

**How?**

|  |  |
| --- | --- |
| First you will do a **survey**.  This should take **20 minutes**.  **We can help you** complete it over the phone or in-person.  Then you will complete an **interview**.  You can **choose** in-person, by video call or telephone call.  It should take **45 minutes**.  We will ask you about your experience of **stroke** and **rehabilitation**. | Taking notes concept illustration |

**Who?**

|  |  |
| --- | --- |
| The **chief investigator** is  **Dr Lauren Christie**  There is a **research team** with people from St Vincent’s Hospital, Monash University, Alfred Health and Macquarie University.  The **people** you will be working with are experienced **researchers**, **Occupational Therapists** and **Physiotherapists**.  This research is **funded** by St Vincent’s Health Australia **Health Equity Program.** | **C:\Users\msmith26\AppData\Local\Microsoft\Windows\INetCache\Content.Word\IMG_0049.jpg**  R  Illustration of characters trading money with ideas |

**Is it safe?**

|  |  |
| --- | --- |
| A committee **decides if** **research** **can happen**  This is the **ethics committee**  They said this research is **safe** and **ethical**. | Business meeting illustration |

**Will I be paid?**

|  |  |
| --- | --- |
| We will offer you a **$50 gift card** when you finish the study.  The gift card is from **Coles-Myer group.**  This is for your time to **travel** or **complete** the interview | Gift card in peoples hands flat vector illustration. Person giving birthday present. Celebration, party, surprise, congratulation, holiday concept for banner, website design or landing web page |

**Do I have to take part?**

|  |  |
| --- | --- |
| **You can decide.**  You **don't have to take part.**  If you don’t take part you will **still get your usual care for stroke.** | Hands holding signs with cross and checkmark. Wrong and right, cancel or approved vote of person flat vector illustration. Exam, survey, answer concept for banner, website design or landing web page |
| If you change your mind, **you can stop** at any time  You **don't** have to **give a reason** | Gender violence concept |
| You can **take your time**  You can  **read** the information **again**  You can **talk to your family** to **help you decide** | man studing illustration |

**What about my information?**

|  |  |
| --- | --- |
| The researchers will collect **information about you.**  This includes information about **your age,** where you **live** and **your stroke.**  We will keep the **information** about you **safe** for **five years**.  **Only**  the  **researchers** will see the **information about you** | Professional office worker with flat design  Description: C:\Users\SRN\Dropbox\Artwork Stroke\Consent Form Artwork\1 Hospital.jpg |
| We may  **share** your information with **other researchers**  This  **helps** with  **other research** about **stroke**  We will **remove your name** and **personal details** | Character illustration of people with data concept icons  Business User With Magnifying Glass |



**What might be good about taking part?**

|  |  |
| --- | --- |
| There is **no guarantee** that you will benefit  But…  You will **help**  people in the **future**  to get **better help**  You may **enjoy** taking part  You will help us to **learn** | Group of people waving hand |



**What might be bad about taking part?**

|  |  |
| --- | --- |
| We **don't think** it is  **dangerous**  however… |  |
| You may find it **distressing** or **uncomfortable**  It will **take**  up **your time** | Timer With Red Colourwoman with depression illustration |

**What will happen to the results?**

|  |  |
| --- | --- |
| We will **give you the results** of the research **if you want.**  We will share the **results** with **other researchers** at **conferences** and **meetings** and in **academic journals** | Description: C:\Users\SRN\Dropbox\Artwork Stroke\Consent Form Artwork\1 Hospital.jpg  Public speaking people flat icons collection with conference meetings |

**What if something goes wrong?**

|  |  |
| --- | --- |
| This is very **unlikely**  If **something goes wrong** contact the **research team** immediately.  They will help you **get support**. | Hand drawn people talking on the phone illustration |
| If you  **take part** in the research  and you have a **complaint**  there are **people to talk to**  **Contact the** Research Office Manager  Telephone: 02 8382 4960  Email: [SVHS.Research@svha.org.au](mailto:SVHS.Research@svha.org.au) |  |

**What happens next?**

|  |  |
| --- | --- |
| Do you want to **take part**?  You may want **more information**  Contact **Dr Lauren Christie**  Telephone: 02 8382 2403 or +61 436 853 797  Email: [lauren.christie@svha.org.au](mailto:lauren.christie@svha.org.au)  She will  **answer your questions** | Organic flat people asking questions |
| If you decide to take part you will need to **sign a consent form**  This says that **you understand** the research and **you agree** to take part | Description: C:\Users\SRN\Dropbox\Artwork Stroke\Consent Form Artwork\1 Hospital.jpg |

**Consent Form**

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| **Location** | St Vincent’s Health Network Sydney |

**Declaration by Participant**

Please tick yes or no.

|  |  |  |
| --- | --- | --- |
| I have read the information about the study. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |
| I understand the project. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |
| I have had the chance to ask questions and received answers. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |
| I know I can withdraw at any time. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |
| I will be given a copy of this form. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |
| I agree to participate in this research project. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |

I want to do the interview:

|  |  |
| --- | --- |
| In person? | Online? |
|  |  |

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| I want a summary of the results | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |

|  |  |
| --- | --- |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Declaration by Researcher†**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Name of Researcher† (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

† An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

**Form for Withdrawal of Participation**

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| **Location** | St Vincent’s Health Network Sydney |

**Declaration by Participant**

|  |  |  |
| --- | --- | --- |
| I want to withdraw from the research project. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |
| I know withdrawing will not affect my care. | YES  Circle Thumbs Up Set | Circle Thumbs Up SetNO |

|  |  |
| --- | --- |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

In the event that the participant’s decision to withdraw is communicated verbally, the Senior Researcher must provide a description of the circumstances below.

|  |
| --- |
|  |

**Declaration by Researcher†**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Name of Researcher (please print) | |  | | |  |
|  | | | | | |  |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

† An appropriately qualified member of the research team must provide information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.