

# Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

**CFS/NHS/PAEDIATRICS** - Specialist help for ME.

**Teenager (12 to 18) consent/assent to interview: SMILE**  
**Specialist Medical Intervention & Lightning Evaluation**

**Please tick boxes if "yes"**

I confirm that I consent to being interviewed about my knowledge and my experiences of taking part in this study.	<input type="checkbox"/>
I understand that the interview will be tape recorded but that I can switch off the tape recorder or stop the interview without having to give an explanation. I know that I can withdraw from this study at any time.	<input type="checkbox"/>
I understand that small parts of what I say may be quoted anonymously (without my name or any details that could identify me) when the results of this part of the research are reported.	<input type="checkbox"/>
I confirm that I have had the opportunity to ask any questions about this interview.	<input type="checkbox"/>

**If you agree to take part, please fill in the information below:**

Your name: .....	Interviewer's name: .....
Signature: .....	Signature: .....
Today's date: ...../...../20.....	Today's date: ...../...../20.....

We will give you a copy of this consent form. A copy will be kept in your child's notes and a copy will be kept in a locked filing cabinet in a locked office in the University of Bristol. An encrypted password protected database will be created to store personal details. This will be kept on a secure NHS server in the Royal National Hospital for Rheumatic Diseases. All interview transcripts will be linked to you via an ID code on separate lists. The list linking the code will be kept in the University of Bristol with the consent forms.



**THANK YOU!**

