

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 initial 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"/>

Please fill in the information below:

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



THANK YOU!

