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**Interview Participant Consent Form**

**Prevalence and risk factors for prescription medication sharing in the UK general population**

**Principal Investigators**: Drs Deborah McCahon and Shoba Dawson, University of Bristol

Study ID

Please read the ‘**GP perspectives on the utility of a tool to effect deprescribing in clinical practice’**

**participant** **information sheet** carefully. If you agree to participate in the study, please write your initials in the boxes by the items to which you agree to give your consent.

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| 1. I confirm that I have read and understand the information sheet [Version X dated dd/mm/yyyy ] I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
 | Your initials |
| 1. I understand that my taking part is voluntary and that I am free to stop or withdraw at any time, without giving any reason and without there being any negative consequences.
 | Your initials |
| 1. I agree to take part in an interview with the researcher and understand that the interviews will be audio-recorded and transcribed (typed up).
 | Your initials |
| 1. I understand that sound files from the interview will be transcribed by a transcription company approved by the University of Bristol. Files and transcripts will be stored securely at the University of Bristol.
 | Your initials |
| 1. I agree to the study publishing anonymous quotations from the interviews and that I will not be identified or identifiable in the reports that result from the study.
 | Your initials |
| 1. I understand that the information collected may be used to support other research in the future and my data will be anonymised (so that it will not be possible to identify me in any way) before being shared with other authorised researchers. (Optional)
 | Your initials |
| 1. I understand that authorised and responsible individuals may look at sections of the study data, to carry out monitoring for the research sponsor.
 | Your initials |
| 1. I understand that the information I give will be kept strictly confidential and I agree to take part in the above study.
 | Your initials |

Please print your full name and add todays date and your signature below

| | / / | |

Name (please PRINT your full name) Todays Date Signature

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Researcher Name: Date Researcher signature