



Measuring and Improving Care Home Quality

Resident Consent Form

Consent form for _____ (Your name)

	Yes	No
I understand that the research team will be coming into my home to observe and take notes about my daily activities.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that they may ask me questions about how I feel about the home, activities and my quality of life	<input type="checkbox"/>	<input type="checkbox"/>
I understand that it is up to me whether I take part in the study. I can change my mind and withdraw at any time without giving a reason.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all the information collected will be kept confidential (unless the researchers feel I am in danger or at risk) and that my name will never be used in anything that is written about the study.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to share information about my weekly fee. I understand that this information will not be shared with anyone outside the study	<input type="checkbox"/>	<input type="checkbox"/>
I can ask to see or have read to me what has been written down about me before it is used.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that the information that is collected about me will be used and potentially shared with other researchers but that my name will not be shared.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the study.	<input type="checkbox"/>	<input type="checkbox"/>

Signed (Participant) _____

Date _____

Signed (Witness) _____

Date _____

If you have any questions about the study and you would like to speak to a member of the research team at PSSRU you can contact [Research team contact details here]