



Participant ID number: _____

CONSENT FORM

Strengthening and Stretching for Rheumatoid Arthritis of the Hands (SARAH) Interview Study

Please initial each box

1. I confirm that I have read and understand the information leaflet dated 11/2/2010 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I agree to the interviews being recorded so that they can be read by individuals involved in the study.

4. I give permission for information collected during the interviews to be used in publications related to the trial including quotations from the interviews. I understand that all efforts will be made to remove any information that would identify me.

5. I agree to take part in the interviews as part of the SARAH Trial.

Name of participant

Date

Signature

Please give one copy to the participant, one copy for the SARAH trial site file and one for the medical notes