

Relative's Patient Identification Number:

**CARER QUALITATIVE CONSENT FORM  
THE DiPALS TRIAL**

*Diaphragm Pacing in Motor Neurone Disease*

Please  
initial box

1. I confirm that I have read and understand the information sheet  
dated.....

(version.....) for the above study, have had the opportunity to consider the  
information, ask questions and have had these answered satisfactorily.

2. I have been given enough information about the study and had enough time  
to come to my decision.

3. I understand that my participation is voluntary and that I am free to  
withdraw at any time without giving any reason.

4. I agree to the use of anonymised quotes from the interviews.

5. I agree to take part in the above study.

**Carer:**

Signature: .....

Print Name: .....

Date:.....

**Investigator:** I have explained the above study to the participant and obtained consent

Signature: .....

Print Name: .....

Date:.....

1 copy for participant; 1 for site file; 1 (original) to be kept in relative's medical notes.