



Admin Code:

<Patient name>	< Admin code>
<Address1>	<NHS number>
<Address2>	
<Address3>	
<Postcode>	
<Date of birth>	<GP code> <GP practice code>

PARTICIPANT CONSENT FORM

If you wish to take part in the **CASPER** study, please place your initials in each of the boxes below, sign and date this form, and complete the questions overleaf. Please return these forms in the pre-paid envelope provided. If you (or a relative or friend) would like to ask more questions about this study before deciding whether to take part, please do not hesitate to contact [local researcher], the local study co-ordinator on [telephone number].

All the information on this form will be kept confidential and won't be released to anyone outside the research team

Please initial each box

- I confirm that I have read and understand the information sheet version [no] dated [date] for the above study and have had the opportunity to ask questions by phoning the contact number provided. **I agree to take part in the CASPER study.**
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care or legal rights being affected.
- I understand that sections of my health care records may be looked at by researchers from the University of York, and that information held by the NHS Information Centre and the NHS Central Register may be used to keep in touch with me and follow up my health status for the duration of the study.
- I understand that information, including my date of birth and postcode, to be shared with the NHS Information Centre, specifically for service auditing purposes. I give permission for these individuals to have access to my records.
- I agree to my GP being informed of my participation in the study and of any health concerns the CASPER study team may become aware of during my participation.

INITIALS

INITIALS

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_____	____/____/____	_____
Name of patient	Today's Date	Signature

_____	_____	_____
Your telephone number	Your mobile number	Your email address

Other research studies

Researchers from the CASPER team would like to contact men and women who agree to take part in the main CASPER study to see if they would be interested in helping with other related studies – these are entirely optional. Please indicate if you would like to be sent information about related studies.

Yes, please send me information about related studies No, thank you

BACKGROUND INFORMATION

Please answer the following questions:

1. What is your date of birth? / /
2. Are you? Male Female
- 3 a) Over the past month have you been bothered by feeling down, depressed or hopeless? Yes No
- b) Over the past month have you been bothered by having little or no interest or pleasure in doing things? Yes No
- 4 a) Have you fallen in the last 12 months? Yes No Can't recall
- b) If yes, how many times have you fallen?
5. Are you a smoker? Yes No Don't know
6. On average, do you drink 3 or more units of alcohol each day? (1½ pints of beer *or* 3 glasses of wine *or* 3 short measures of spirits) Yes No Don't know
7. Do you experience any of the following health problems? (tick all that apply)
- Diabetes Osteoporosis High blood pressure Rheumatoid arthritis Osteoarthritis

Stroke Cancer Respiratory conditions (e.g. COPD, asthma, bronchitis) Eye condition (e.g. cataract, glaucoma, macular degeneration) Heart disease (e.g. heart attack, heart failure, angina)

Other Please state: _____

8. Did your education continue after the minimum school leaving age? Yes No
9. Do you have a degree or equivalent professional qualification? Yes No
10. To which of these ethnic groups do you consider you belong? (Please tick one box)

White Asian or Asian British Black or Black British

Other ethnic group Please describe: _____

**Thank you for taking the time to complete these questions
Please return these forms in the pre-paid envelope provided**