

Debt Counselling for Depression in Primary Care: An Adaptive Randomised Controlled Trial

EXPRESSION OF INTEREST

- Are you aged 18 and over? YES NO
- Do you have worries about current debt or money difficulties? YES NO
- Do you have low mood or depression? YES NO
- Are you currently taking part in any other research including follow up? YES NO
- Have you received debt advice from Citizens Advice Bureau in the last 12 months? YES NO

If you have answered YES to the first 3 questions and NO to the last 2 questions above, you may be eligible to take part in this research.

If you have received this form in the post and would like to know more about the study please complete your details below, sign and return this form in the freepost envelope provided.

If you have seen the form whilst in the waiting room of the GP practice, you can speak to the researcher today, if available. Please speak to reception if you are unsure. If the researcher is unavailable please complete your details below, indicate how you would like to be contacted and sign the form at the bottom, before returning the completed form to the research team using a freepost envelope that can be found at reception. Thank you.

First name(s):		Title:	Mr / Mrs / Ms / Miss / Other:
Surname:			
Address:			
Postcode:			
Telephone no:			
Mobile Phone no:			
Date of birth:			
GP practice:			
Contact preference:	Phone: <input type="checkbox"/>	Can we leave a message on this number? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Text: <input type="checkbox"/>		
(Tick as many as you want)	Email: <input type="checkbox"/>	Email address:.....	
	Letter: <input type="checkbox"/>		
What day of the week and time of day is best to contact you if you choose to be contacted by phone:			
Day(s):.....			
Time(s):.....			
No preference: <input type="checkbox"/>			
Signature:			