



icons

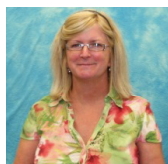
Identifying Continence OptioNs after Stroke

ICONS

Identifying Continence OptioNs after Stroke

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I have **read** and **understood** the **information sheet**.



YES



I have had time to **think about** the **information** and ask **questions**.



YES



I am **happy** with the **answers**.



I understand that I can **stop** at any time.

I do **not** have to **give a reason**.



YES

I will answer **questions** about my condition and progress



YES

I will allow researchers to look at my **medical notes**.



YES

I will take part in **1 interview** about my care.



YES

I will allow the interview to be **audio-taped** and typed up.



YES

I understand that people will be told about the study but my name will never be used.



YES

I understand that my GP will be told I am in the study.



YES

I will allow the information I supply to be used

anonymously in **magazines, reports,**
and **conferences.**



lectures



YES

I would like to see the results of the study
is completed.



when it



YES

Name of participant
Signature

Date

Name of researcher
Signature

Date

Name of witness
Signature

Date