PARTICIPANT INFORMATION SHEET (for family and caregiver)

1. Project title

Piloting the "Stepping On after Stroke" falls prevention program for community stroke survivors in Singapore: A feasibility study.

2. Principal Investigator and co-investigator(s), if any, with the contact number and organization:

PI: Mr Xu Tianma (Tim)
Lecturer, Health and Social Sciences Cluster,
Singapore Institute of Technology
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Co-PI: Associate Professor Kate O'Loughlin
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3. What is the purpose of this research?

You are invited to take part in this research study in developing a falls prevention program for people with stroke in the community. The aim of the study is to test if it is feasible to run the adapted Stepping On after Stroke program for stroke clients in community rehabilitation centres in Singapore; We also would like to find out whether the format and content of the program address you or your loved one / care-recipient's physical and psychosocial needs in relation to falls prevention after stroke. The findings from this feasibility study will help the researchers to fine-tune the new falls prevention program for people with stroke in the community.

This information sheet provides you with information about the research. The Principal Investigator (the person in charge of this research) or his representative will also describe this research to you and answer all of your questions. Read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

4. Who can participate in the research? What is the expected duration of my participation? What is the duration of this research?

You can participate in this research study if you are:

- Family members / domestic helpers of stroke clients participating in this study.
- able to communicate in conversational English or Mandarin

The duration of this research will last for approximately 8 months, which includes:

- Group based interventions for stroke participants: 7 weeks
- Follow up period of your loved one/care recipient: 6 months

The expected duration:

- There will be 2 group-based educational sessions for all family members and caregivers.
- Each group session will be 2 hours with a short tea break in between.
- The 3-month post-intervention booster session will be 2 hours with a short tea break in between.

5. What is the approximate number of participants involved?

The approximate number of participants in each group session is 12-16.

6. What will be done if I take part in this research?

- You will join two group-based educational sessions together with other family members and domestic helpers. The educational sessions are part of the falls prevention program facilitated by trained Stepping On after Stroke leaders in the rehabilitation centre.
- You will be invited to provide feedbacks to the researcher using the provided post-evaluation questionnaire upon the completion of the 7-week program and after the 3-month booster session.
- Your loved one / care-recipient will be given a monthly falls calendar to record any falls upon enrolling to the program till the end of 6 months follow-up period. If your loved one / care-recipient has difficulty in writing, you can help him/her to record the fall incidence (if any) and return the monthly falls calendar to the researcher or onsite clinical coordinator at the beginning of next month.
- You or your loved one / care-recipient will be contacted by the researcher during the follow up period if the monthly falls calendar is not returned to the researcher.
- Your personal information will not be written in any paper documents.

7. How will my privacy and the confidentiality of my research records be protected?

Only the principal investigator has your identifiable information (e.g. names, contact information, IC nos.) and this will not be released to any other person, including members of the research team. Identifiable information will never be used in a publication or presentation. All your identifiable health information and research data will be coded (i.e. only identified with a code number) at the earliest possible stage of the research.

All data collected will be kept in accordance to the University's Research Data Management Policy. Research data used in publication will be kept for a minimum of 10 years before being discarded.

8. What are the possible discomforts and risks for participants?

Possible risks may include, but are not limited to:

- ✓ Feelings of distress due to the trigger of unhappy memories, conflicts with other group members or unable to handle some questions during the educational session.
- ✓ Inconvenience e.g. giving up time to participate in the research project.

9. What is the compensation for any injury?

No compensation will be provided as there is no foreseeable injury.

10. Will there be reimbursement for participation?

No.

11. What are the possible benefits to me and to others?

We cannot guarantee that you will benefits from being in the study. However, the program will help you to better understand your loved one / care-recipient's potential fall risk factors and common strategies for falls prevention specifically for community stroke survivors. You would learn some of the coping strategies in helping your loved one / care-recipient to perform activities of daily living at home and in the community. You would also learn some of the common strategies of stress management.

12. Can I refuse to participate in this research?

Yes, you can. Your decision to participate in this research is voluntary and completely up to you. You can also withdraw from the research at any time without giving any reasons, by informing the principal investigator and all your *data* collected will be discarded. Refusal to participate or withdrawal from participation will not affect your rehabilitation program in this center or cause loss of benefits to which you are otherwise entitled.

13. Whom should I call if I have any questions or problems?

Please contact the Principal Investigator, Mr Xu Tianma (Tim), telephone 65928673 or email: tim.xu@singaporetech.edu.sg for all research-related matters and in the event of research-related injuries.

Alternatively, you can contact the onsite clinical coordinator below:

Name	(to be confirmed)
Designation	
Organization	
Telephone	
Email	

For an independent opinion regarding the research and the rights of research participants, you may contact a staff member of the National University of Singapore Institutional Review Board (Attn: Mr Chan Tuck Wai, at telephone (+65) 6516 1234 or email at irb@nus.edu.sg).

This information sheet is for you to keep!

Consent Form

Project title:

Piloting the "Stepping On after Stroke" falls prevention program for community stroke survivors in Singapore: A feasibility study.

Principal Investigator with the contact number and organization:

Mr Xu Tianma (Tim)
Lecturer, Health and Social Sciences Cluster, Singapore Institute of Technology
PhD Student, Faculty of Health Sciences, University of Sydney, Australia
Tel: +65 65928673 Email: tim.xu@singaporetech.edu.sg

I hereby acknowledge that:

1. My signature is my acknowledgement that I have agreed to take part in the above research.

2. I have received a copy of this information sheet that explains the use of my *data* in this research. I understand its contents and agree to donate my *data* for the use of this research.

3. I can withdraw from the research at any point of time by informing the Principal Investigator and all *my data* will be discarded.

4. I will not have any financial benefits that result from the commercial development of this research.

5. I consent / do not consent* to have the coded data made available for future research.

6. I *agree / do not agree** to be re-contacted for future related studies. I understand that future studies will be subject to an Institutional Review Board's approval.

7. I *agree / do not agree** to the photo-taking/ audio-recording /video-recording of my participation in the research.

8. I *agree/do not agree** for the following personal identifiers to be disclosed in any publication or presentation relating to this research, if any.

   ☐ Surname ☐ First name ☐ Organisation Name ☐ Position/Designation
   ☐ Disagree (I wish to remain anonymous and only agree to be known as _____).

**please delete as appropriate*

** This research has been explained to me in _____ (state language), which I understand, by _____ (name of translator) on _____ (date).

_____ _____
Name and Signature (Participant) Date

_____ _____
Name and Signature (Consent Taker) Date

_____ _____
** Name and Signature (Translator) Date

***(Please include this section if the subject is unable to understand English and read any of the translated consent documents available.)*