|  |  |  |  |
| --- | --- | --- | --- |
| USY_MB1_RGB_Standard_Logo.tif | |  | **Central Clinical School Faculty of Medicine** |
|  | ABN 15 211 513 464 | |  |
|  | **Dr Shantel Duffy**  *Post-Doctoral Research Fellow* | | Level 2, 100 Mallett Street  Brain and Mind Centre, M02F  The University of Sydney  NSW 2006 AUSTRALIA  Telephone: +61 2 8627 1807  Facsimile: +61 2 9351 0551  Email: shantel.duffy@sydney.edu.au  Web: <http://www.sydney.edu.au/> |

**CogStep Phase 2.0: A 12-week Combined Home-Based Exercise and Psycho-Education Program for Individuals with Cognitive Difficulties**

**PARTICIPANT CONSENT FORM**

I, ................................................................................... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

* I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
* I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
* The researchers have answered any questions that I had about the study and I am happy with the answers.
* I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at The University of Sydney now or in the future.
* I understand that I can withdraw from the study at any time.
* I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
* I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

By signing this form, I give my consent to:

* Undergo neuropsychological assessment (that is, complete tasks designed to test memory and thinking functions);
* Undergo a brief assessment about my medical and mental health (e.g. mood, blood pressure, height, weight etc.);
* Undergo a brief physical assessment to measure muscle strength and fitness;
* Complete self-report questionnaires about my medical history, sleep, mood, thinking skills and level of functioning;
* Wear an actigraphy watch and complete a sleep diary for a period of seven days;
* Complete a 12-week home-based exercise program, view weekly psycho-education sessions given to me in video CD form, and complete activities in the accompanying psycho-education workbook;
* Attend the Brain and Mind Centre for Baseline (week 1) and Follow-up (~week 13) assessments;
* If in the intervention group, attend the Brain and Mind Centre at Week 6 of the program for a Clinical Review to monitor my progress;
* If in the intervention group, allow the ‘Cogstep Phase 2.0’ research team to contact me via telephone at weeks 2, 4 and 9 to monitor progress and allow open questions/concerns about the study;
* If in the waitlist control group, allow the ‘Cogstep Phase 2.0’ research team to send messages regarding general physical activity guidelines via mobile phone text message or posted mail; and,
* Have magnetic resonance imaging (MRI) brain scans at Baseline (week 1) and Follow-up (~week 13) assessments.

Additionally, I give my consent to (please tick the boxes of the tasks you are prepared to give consent to):

* Provide a blood sample to obtain information regarding your general health (e.g. cholesterol, blood glucose and other markers of inflammation and oxidative stress) YES 🞏 NO 🞏
* Undergo a cardiovascular assessment (to assess the stiffness of my arteries and central aortic pressure) YES 🞏 NO 🞏
* Being contacted about future studies YES 🞏 NO 🞏

Would you like to receive feedback about the overall results of this study? YES 🞏 NO 🞏

If you answered **YES**, please indicate your preferred form of feedback and address:

🞏 Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME:...................................................................

SIGNATURE:………......................................................

DATE:...................................................................