



## **PARTICIPANT CONSENT FORM**

**Study Title:** Exploring the relationship between lived experience and treatment decisions for adults living with fecal incontinence

Researcher's name and contact details:

Hannah Kimler

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Participant ID: \_\_\_\_\_

Please initial box

1. I confirm that I have read and understood the Participant Information Sheet (Version 1 dated 10/03/2023) for the above study
2. I have been given the opportunity to consider the information provided, ask questions and have had these questions answered to my satisfaction
3. I understand that my participation is voluntary and that I can ask to withdraw at any time without giving a reason and without my medical care or legal rights being affected
4. I understand that my anonymised data will be stored for a minimum of 3 years and may be used in future ethically approved research
5. I understand that relevant sections of data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh), where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data
6. I agree to my interview being audio recorded
7. I agree to take part in the above study

FI lived experience and treatment decisions



Name of person giving consent

Date

Signature

Name of person taking consent

Date

Signature

1x original – into Site File; 1x copy – to Participant