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Does online psychological resilience training combined with chiropractic care for chronic low back pain prevent long term disability?

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 practitioners, researchers or anyone else at the University of Sydney or Petrozzi Wellness centre now or in the future.
- ✓ I understand that I can withdraw from the study at any time.
- ✓ I understand that my questionnaire responses cannot be withdrawn once they are submitted, as they are anonymous and therefore the researchers will not be able to tell which one is mine.
- ✓ 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.

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I consent to:

- **Being contacted by telephone for this study** YES NO
- **Being contacted about future studies** YES NO
- **Being involved in follow on studies** YES NO
- **Receiving feedback about my personal results** 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: _____

.....
Signature

.....
PRINT name

.....
Date