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Participant Consent Form

Title

Paint the pain: Investigating the biopsychosocial impacts of a guided self-reflective visual art creation program on individuals living with chronic pain- a pilot randomised controlled trial

Short Title

Paint the pain pilot study

Protocol Number

Project Sponsor

The University of Sydney

**Coordinating Principal Investigator/
Principal Investigator**

Dr Fereshteh Pourkazemi

Associate Investigator(s)
(if required by institution)

Dr Claire Hooker, Dr Marnee Mackay, Dr Roxanna Pebdani, Dr Bernadette Brady, Dr Amy Jo Vassallo, Prof James Elliott, Dr Stephen Gibson, Ms Michelle Cook, Dr Alison Evans, Dr Tania Gardner, Dr Niamh Moloney, Dr Clair Hebron, and Assoc Prof Michael Thacker

Location *(where CPI/PI will recruit)*

(Royal Prince Alfred Hospital)

PARTICIPANT CONSENT FORM

I,..... [PRINT NAME], give consent to my participation in the research project

TITLE: Paint the pain: Investigating the biopsychosocial impacts of a guided self-reflective visual art creation program on individuals with chronic pain- a pilot randomised controlled trial

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved (including any inconvenience, risk, discomfort or side effect, and of their implications) have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Statement and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) or the University of Sydney now or in the future.
4. I understand that my involvement is strictly confidential and no information about me will be used in any way that reveals my identity.
5. I understand that being in this study is completely voluntary – I am not under any obligation to consent.

I consent to:

- | | | |
|---|------------------------------|-----------------------------|
| Giving researchers access to my e-PPOC questionnaires | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Being contacted for follow ups | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Receiving information on the outcomes of the project | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Being contacted for future research involvement | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Signed:

Name:

Date: