**Appendix 3**

**** **Consent Form**

**Does Inspiratory Muscle Training improve lung function, sleep quality and quality of life in people with Inclusion Body Myositis?**

1. I agree voluntarily to take part in this study.
2. I have read the Information Sheet provided and been given a full explanation of the purpose of this study, the procedures involved and of what is expected of me.
3. I understand that I will be asked to:
* Attend an initial visit lasting approximately 1 hour where I will complete some breathing tests, a walking test and respond to 4 questionnaires
* I will be required to use the Inspiratory Muscle Trainer twice per day, 5 days per week for 12 weeks
* I will return to the clinic approximately 12 weeks after the initial testing to have these measures repeated
1. The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.
2. I understand I am free to withdraw from the study at any time without needing to give any reason.
3. I understand I will not be identified in any publication arising out of this study.
4. I understand that my name and identity will be stored separately from the data, and these are accessible only to the investigators. All data provided by me will be analysed anonymously using code numbers.
5. I understand that all information provided by me is treated as confidential and will not be released by the researcher to a third party unless required to do so by law.

□ I agree □ I do not agree

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …..../..…../…….

I confirm that I have provided the Information Letter concerning this study to the above participant; I have explained the study and have answered all questions asked of me.

Signature of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …..../..…../…….