******Consent Form**

**Heart Rate Variability Biofeedback for Chronic Pain and PTSD symptoms**

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:
	1. Complete an initial assessment at which will include number of questionnaires about my pain, posttraumatic stress symptoms, emotion regulation and expectations, sent to me electronically. I will also be contacted to arrange a 10-minute resting electrocardiogram (ECG) at Murdoch campus.
	2. Attend six, weekly sessions at Murdoch University Campus to receive psychoeducation about biofeedback, engage in biofeedback training and complete assessment measures, including 10-minute resting ECG and self-report questionnaires at every second session.
	3. Engage in home biofeedback training with the device loaned to me, 15-minutes per day for the 6 week duration of the intervention.
	4. Provide details of my adherence to home practice, which is recorded through the interface of my home biofeedback device on my smartphone.
	5. Attend a final assessment sessions 8 weeks after the end of my intervention which will include number of questionnaires about my pain, posttraumatic stress symptoms, emotion regulation and expectations, sent to me electronically, as well as a 10-minute resting electrocardiogram (ECG) at Murdoch campus.
4. I understand that I may be asked to commence to intervention immediately following the initial assessment of may be asked to wait 6-weeks.
5. The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.
6. I understand I am free to withdraw from the study at any time without needing to give any reason.
7. I understand I will not be identified in any publication arising out of this study.
8. 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.
9. 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

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

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

1. I consent to be contacted in the future by the researchers for participation in other studies by the team. I understand that my choice to participate in any future research is entirely voluntary and that my consent for this item does not in any way affect participation in the experiment if I refuse.

 □ I agree □ I do not agree

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: …..../..…../……