 Dr Daniel Hackett (Responsible Researcher)

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***Effects of Combined Arm and Leg High Intensity Interval Training on Habitual Walking Speed in People with Mild to Moderate Parkinson's Disease***

**PARTICIPANT CONSENT FORM**

The consent form highlighted below should be used to confirm voluntary informed consent for your

Participation in this study. The completed form will need to be shown to Dr Daniel Hackett

prior to initiation.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name)* hereby agree to voluntarily participate in this research study.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name)* confirm that I initiated contact with Dr Daniel Hackett concerning participating in the entitled project: “Effects of Combined Arm and Leg High Intensity Interval Training on Habitual Walking Speed in People with Mild to Moderate Parkinson's Disease”.

I consent and hereby confirm that:

* The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
* I understand that the aim of the study is to examine the potential effects of a High Intensity Interval Training programme on motor and non-motor symptoms in individuals with Parkinson's disease.
* I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
* I understand that I will present for three days of pre and 1 day post assessments and testing regardless of the group to which I am randomly assigned.
* I understand that these assessments days consist of tests including, a medical screening with the study physician, a maximal cardiorespiratory exercise assessment, functional assessments, maximal muscular strength and power testing, Parkinsonian symptoms evaluation, cognitive assessment testing, blood pressure and heart rate monitoring.
* I understand that after these assessment days, I will be randomised into one of two groups: an exercise intervention added to usual care group or a usual care control group.
* I understand that if I am randomised to the intervention group, I will engage in a high intensity interval training protocol, 3 days a week at the University of Sydney, Camperdown campus.
* I understand that being in this study is completely voluntary.
* I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
* I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
* I understand that any actions/decisions by me in the course the study (e.g., participating, withdrawal etc.,) will not affect relationships with the research group and the University of Sydney.
* I have been informed that the confidentiality of the information I provide will be protected 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.
* I confirm the following:

**I consent to** **being contacted for future studies** Yes  No

**I consent to my data being used in future research** Yes  No

**I would like feedback on the overall results of this study** Yes  No

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

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* I understand that after I sign and return this consent form, it will be retained by the researcher, and that I may request a copy at any time.

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| **Participant Name** |  |
| **Signature** |  |
| **Date** |  |