

PARTICIPANT CONSENT FORM



**Title of Study:** Attitudinal Determinants of diet and lifestyle in women

**Lead researcher:** Dr Amanda Adegboye, University of Westminster

I have been given the Participation Information Sheet and/or had its contents explained to me. Yes  No

I have had an opportunity to ask any questions and I am satisfied with the answers given. Yes  No

I understand I have a right to withdraw from the research at any time and I do not have to provide a reason. Yes  No

I understand that the data will be anonymised so it may will not be possible to remove my data, once it has been collated. Yes  No

I would like to receive information relating to the results from this study. Yes  No

I wish to receive a copy of this Consent form. Yes  No

I confirm I am willing to be a participant in the above research study. Yes  No

I note the data collected may be retained in an archive and I am happy for my data to be reused as part of future research activities. I note my data will be fully anonymised (if applicable). Yes  No

I would like to receive feedback on my own health scores. I am aware that this information cannot be used for diagnostic purposes, and that if any of my scores fall outside the normal range I will be advised to contact my doctor. Yes  No

**Participant's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This consent form will be stored separately from any data you provide so that your responses remain anonymous.

\_\_\_\_\_  
I confirm I have provided a copy of the Participant Information Sheet approved by the Research Ethics Committee to the participant and fully explained its contents. I have given the participant an opportunity to ask questions, which have been answered.

**Researcher's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_