



## CONSENT FORM

Title of Project:  
Standing Tall COgnition and Gait  
A randomised control trial (Standing Tall COG)  
H0016983

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1. The purpose, details and effects of this project as it affects me have been fully explained to my satisfaction and I give my consent voluntarily.

2. I understand that my involvement means:

Being randomised to either a 6 month exercise program at home, or being sent health education information once per month for 6 months. I understand I cannot choose which group I will be in.

The following measures will be taken once at baseline and again after 6 months:

- a. Walking and balance ability (alone and whilst doing a talking task)
- b. Tests of cognitive ability (thinking, memory and reasoning)
- c. Tests of strength, vision and reaction time
- d. Questionnaires (asking about education, smoking and medical history, mood, medications, and your ability to perform daily activities)
- e. Measurements of height, weight and blood pressure
- f. Information on whether you have a fall will be collected each month for 6 months.

3. I understand that there are the following risks or possible discomfort:

- a. Occasionally people may get fatigued while performing the cognitive or mobility tasks and appropriate breaks will be provided.
- b. With balance and strength exercise there is a small risk of muscle soreness or an injury such as a fall. You will be assessed by a trained health professional to minimise these risks.

4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.

5. I have been given the opportunity to have a member of my family or friend present while the project was explained to me.



6. I am informed that no information regarding any medical history (except as outlined in point 7 below) will be divulged and the results of any tests involving me will not be published so as to reveal my identity. If other researchers would like to access the data, my name and any identifying information will be removed.
7. I allow the exercise trainers knowledge of my relevant medical history to ensure that the exercise is prescribed safely and to my ability. I allow you to inform my GP I am participating in the study.
8. I understand that my involvement in the project will not affect my relationship with my medical advisers in their management of my health.
9. I understand that I am free to withdraw from the project at any stage and withdraw any of my data that have been collected. My withdrawal will not affect my legal rights, my medical care or my relationship with my doctors.
10. I understand that I will be given a signed copy of this participant information sheet and consent form. I am not giving up my legal rights by signing this consent form.
11. I understand that the trial will be conducted in accordance with the latest versions of the *National Statement on Ethical Conduct in Human Research 2007* and applicable privacy laws.

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

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

12. I have explained this project and the implications of participation in it to this person and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator \_\_\_\_\_

Signature of investigator \_\_\_\_\_ Date \_\_\_\_\_

13. I **do not** wish to participate in the study.

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

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_