



## CONSENT FORM

Project Title: ***Development of two new patient outcome measures to assess cancer treatment satisfaction (Cancer Treatment Satisfaction Questionnaire) and cancer-related symptoms (Cancer Symptom Rating Questionnaire)***

Researchers: Dr Michelle Taylor, Professor Clare Bradley, Dr Charlie Gilbride

**Please  
initial  
box**

1. I confirm that I have read and understand the participant information sheet for the above study.
2. I confirm that I have had the opportunity to ask questions and I have received satisfactory answers to any questions.
3. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason, without my medical care or legal rights being affected.
4. I understand that participating in the study will involve being asked to take part in a semi-structured interview including completion of questionnaires, or completion of questionnaires only.

Please tick the appropriate boxes below:

**I give my consent to take part in a semi-structured interview**, lasting approximately 1 hour via secure videolink or telephone call, where I will be asked questions about how satisfied or dissatisfied I am with aspects of my cancer treatment and also about any symptoms of cancer and its treatment which I have experienced. I understand that as part of the interview I will be asked to complete a demographic information sheet, and give feedback on two draft questionnaires to assess cancer treatment satisfaction and symptoms of cancer and its treatment.

**I consent to the above interview being \*audio/video** (\*delete as appropriate) **recorded**.

**I consent to completing questionnaires** including a demographic information sheet, the two new questionnaires being developed in this study to assess cancer treatment satisfaction and symptoms of cancer and its treatment, and additional measures of quality of life and well-being.

5. I understand that my GP and my clinical oncology team will not be informed about my participation in this study unless I choose to inform them myself.
6. Following participation in the study, I give my permission to be contacted by email or telephone by the research team if needed for further information, to check any of my responses or about participating in future research (consent to this point 6. is not required to participate in the current research).

.....  
Name of Participant                      Date                      Signature

.....  
Researcher                      Date                      Signature

NB: This Consent Form will be stored separately from the responses you provide in questionnaires.

If you are happy to be contacted about taking part in our future research please provide your email address and/or telephone number below:

Name:.....

Telephone number:.....

Email address: .....