**Consent Form**

### Investigating Mindfulness Practice for Improving Movement and Psychological Symptoms in Parkinson's.

THIS STUDY HAS BEEN APPROVED BY MURDOCH UNIVERSITY RESEARCH ETHICS (XXXX/XXX)

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. The researcher has answered all my questions and has explained possible problems that may arise as a result of my participation in this study.
4. I agree to be video-recorded during the Movement Disorder Society‐Sponsored Revision of the Unified Parkinson's Disease Rating Scale assessment of my motor- and non-motor symptoms.
5. I understand that all video-recordings will be stored on a password-protected computer accessible only to the investigators.
6. I understand I am free to withdraw from the study at any time without needing to give any reason.
7. I understand that if I withdraw from the study, there will be no prejudice or any effect on my current medical care.
8. I understand I will not be identified in any publication arising out of this study.
9. 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.
10. I understand that the data provided by me, that will be in an anonymous coded format, might be used for future research.
11. 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.
12. I understand that any decision to reduce or cease medication should only be made after a thorough consultation with a relevant medical practitioner (psychiatrist, General Practitioner, neurologist)

There might be an opportunity to participate in future projects that contribute to our broader research program. Would you be interested in being contacted about future research opportunities?

□ YES □ NO

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

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.

Name of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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