



The effectiveness of exercise on adults with high blood pressure resistant to drugs and with breath pauses during sleep.

CONSENT FORM FOR PARTICIPANTS

Principal investigator: Dr. Margot Skinner

Phone: 03 479 7466

Email: margot.skinner@otago.ac.nz

Name of the participant:.....

- 01. I have read the Information Sheet concerning this study and understand the aims of this research project.
- 02. I have had sufficient time to talk with other people of my choice about participating in the study.
- 03. I confirm that I meet the criteria for participation which are explained in the Information Sheet.
- 04. All my questions about the project have been answered to my satisfaction, and I understand that I am free to request further information at any stage.
- 05. I know that my participation in the project is entirely voluntary, and that I am free to withdraw from the project before its completion.
- 06. I know that as a participant in the study I will be subjected to an interview, measurements and an exercise program which will run for 12 weeks.
- 07. I know that the interview and measurements will explore my health and related status and that if the line of questioning and /or measurements develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s), and /or may withdraw from the project without disadvantage of any kind.
- 08. I understand the nature and size of the risks of discomfort or harm, which are explained in the Information Sheet.
- 09. I know that when the project is completed all personal identifying information will be removed from the paper records and electronic files which represent the data from the project, and that these will be placed in secure storage and kept for ten (10) years.
- 10. I understand that the results of the project may be published and agree that any personal identifying information will remain confidential between myself and the researchers during the study and for 10 years after and will not appear in any spoken or written report of the study.
- 11. I know that there is no remuneration other than a \$20 supermarket voucher offered for this study, and that no commercial use will be made of the data.
- 12. I understand I shall receive a report on my health based on the measurements.
- 13. I agree that the principal investigator can send a copy of the report on my health to my GP

Yes

No

Signature of participant:_____

Date:_____

Name of person taking consent:_____