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**CONSENT FORM**

**Final Version 1.1**

**2 March 2023**

### Title of Study: Swallow Strength and Skill Training with Biofeedback in Acute Post Stroke Dysphagia

**IRAS Project ID: 319969**

**Name of Researcher**: Dr Jacqui Benfield

**Name of Participant:**

**Please initial box**

1. I confirm that I have read and understand the information sheet Version 1.1 dated 28 February 2023 for the above study and have had the opportunity to ask questions had them answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.

3. I understand that relevant sections of my medical notes and data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.

5. I agree that the information gathered about me can be stored by the University of Nottingham, for possible use in future studies. I understand that some of these studies may be carried out by researchers other than the current team who ran the first study, including researchers working for commercial companies. Any samples or data used will be anonymised, and I will not be identified in anyway.

**Yes No**

6. I understand that the information held and maintained by NHS Digital and other central UK NHS bodies may be used to help contact me or provide information about my health status at 3 months.

7. I understand that my medical team will be informed that I have agreed to participate in this study.

8. I agree to take part in the above study.

Yes

9. I agree to have a videofluoroscopy (a moving x-ray of your swallow).

No

This is optional so if you would prefer to opt out please select ‘No’

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# Name of Participant Date Signature

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Name of Person taking consent Date Signature

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Name of witness if needed Date Signature

I would like to receive information about the results of the study.