



### Participant Consent Form

**Study:** A Qualitative Exploration of the Experiences of People Living with Cluster Headache.

*After reading the participant information sheet, please read each statement in turn and if it is true for you, initial the box alongside and sign below if you consent to participate in this study:*

**Please initial box**

1. I have read and understood the participant information leaflet. I have had the opportunity to consider the information, and if I have asked questions, I have had these answered satisfactorily.
  
2. I understand that my participation in this study is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care, legal rights or support provided by OUCH UK being affected.
  
3. I understand that the interview will be recorded and then written up (transcribed) once it has been completed. I understand that no personal data that could be used to identify me will be included in the transcript.
  
4. I understand that the information that is given in the interview will be analysed by the researcher. I agree to the use of anonymised quotes from the interview in publications, reports, presentations and other research outputs and that I will not be identifiable in this.
  
5. I understand that the audio recording will be kept in a secure form and deleted at the end of the study (August 2019). I understand that the written transcript of the interview may be archived in an anonymised form to be used in future research until September 2020 when it will be deleted.
  
6. I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Date    Signature

\_\_\_\_\_  
Researcher Name                      Date    Signature