



**PARTICIPANT CONSENT FORM**

**Title of Study:** The effectiveness of group Cognitive-Behavior-Therapy (CBT) and exercise in management of depression: A three-arm randomized controlled pilot trial

**Principal Investigator(s):** Dr. Vincent Agyapong

**Phone Number(s):** 780-215-7771

	<u>Yes</u>	<u>No</u>
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received and read a copy of the attached Information Leaflet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time, without having to give a reason and without affecting your future medical care?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to your records, including personally identifiable health information?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that the study team will access and review your medical records up to 3 months after completion of your participation in the study for study purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that the study findings will be published without any individual identifiable information?	<input type="checkbox"/>	<input type="checkbox"/>
Who explained the study to you? _____		

I agree to take part in this study:

Signature of Research Participant \_\_\_\_\_

(Printed Name) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee \_\_\_\_\_ Date \_\_\_\_\_

**THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A SIGNED COPY GIVEN TO THE RESEARCH PARTICIPANT**