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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Ysbyty Athrofaol  
Cymru  
University Hospital  
of Wales



IRAS ID: 238464

Study ID Number:

Patient Identification Number:

**PARTICIPANT RE- CONSENT FORM 1** [Version 2.0 30/01/18]

**Title of Study:** Measuring Physical Activity Levels in Critical Care: A Feasibility Study

**Name of Researcher:** Mrs Laura Jones, Dr Harriet Shannon

Please initial box

1. I confirm that I have read and understand the information sheet dated 30/01/18 [version 2.0] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals from regulatory authorities, University College London or from Cardiff and Vale UHB, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
4. I agree to the data already collected by the activPAL™ device to be used for this study, and to continue to wear the device on my leg while I am a patient in critical care.
5. I agree to take part in the above study.
6. I would like to receive a copy of the findings of the study: Yes  No

\_\_\_\_\_  
Name of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature