



Physiotherapy Department, Prince of Wales Hospital,
320-346 Barker Street, Randwick, NSW 2031
Phone: (02) 9850-2487
Fax: (02) 9850-6630
Email: lindsey.brett@mq.edu.au

Chief Investigator's Name & Title: Dr. Lindsey Brett – Post Doctoral Research Fellow

Participant Information and Consent Form

Project: A falls, balance and bone health clinic: analysis of patient characteristics and outcomes.

Research indicates that falls are a major health issue in Australia with over 30% of community dwelling adults over the age of 65 years experiencing at least one fall per year. These numbers are likely to rise given Australia's ageing population. Evidence suggests that the use of programs to prevent falls appears to address this issue.

The falls, balance and bone health clinic at Prince of Wales identified individuals at risk of falling and provides relevant referral to manage this. The aim of this study is to provide a description of the individuals that attend the falls clinic, monitor utilisation of referred programs and to track the impact of these program on reducing the number of reported falls.

This Participant Information and Consent Form tells you about the research project, and what your potential involvement will involve. Knowing what is involved will help you decide if you would like to participate. Please read this information carefully. Ask questions about anything that you don't understand or want to know more about.

If you decide to participate, you will be asked to sign the consent section of this document. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research project
- Consent to the use of your personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

Who is carrying out the study?

This study is being conducted by Dr Lindsey Brett & Dr Katherine Scrivener from the Department of Health Professions at Macquarie University in collaboration with Dr Daniel Treacy from the Physiotherapy Department at Prince of Wales Hospital. Please note there will also be a research assistant and students from the Doctorate of Physiotherapy program at Macquarie University working on this project under the supervision of Dr Brett, Dr Scrivener and Dr Treacy.

Relevant information about the research project

You have been invited to participate in this study since you are attending the falls, balance and bone health clinic at Prince of Wales Hospital. We are looking for participants to complete a short (10-15 minute) questionnaire over the phone, approximately 6-9 months following today's review at the clinic.



To be eligible for this, we are who:

- Are attending the falls, balance and bone health clinic at Prince of Wales Hospital
- Receive some form of recommendation whilst attending the clinic.
- Are aged 65 years or older
- Have a sufficient level of the English language to complete a questionnaire over the phone
- Have no cognitive impairment affecting the ability to provide consent and complete a questionnaire.

Is participation in this study voluntary?

Participation in this study is entirely voluntary. You are not obligated to participate, and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence. Your decision to not be involved in the project will not affect your relationship with Macquarie University or Prince of Wales Hospital. You are able to edit or remove your data from this study prior to the analysis period, please contact Dr Lindsey Brett to do so.

What does participation in this research involve?

If you agree to participate, you will be asked to complete a short survey (approximately 10 – 15 minutes) over the phone in approximately 6-9 months' time from your clinical review at the falls, balance and bone health clinic at Prince of Wales Hospital. In the survey, we will ask you questions and feedback related to any falls prevention programs you have been involved in, your history of falls and your self-perceived confidence in performing everyday tasks.

Are there any benefits and/or risks to participating in this survey?

There is no individual benefit associated with involvement in this study. However, your responses to this questionnaire will potentially help improve current practice within the falls, balance and bone health clinic.

Aside from the time-burden of completing the survey, there is no anticipated burden associated with involvement in this study. If at any time the questions that are asked are distressing, you are free to stop the questionnaire and withdraw from the study without consequence.

What will happen to information about me?

By signing the consent form you consent to the research team collecting and using personal information about you for the research project. We anticipate publishing the results of this study in journals and at conferences, however, in all circumstances, all information will be de-identified and published as group numbers only. Information will only be accessible to the researchers involved in this project. In accordance with relevant Australian privacy and other relevant laws, you have the right to request access to the information about you that is collected and stored by the research team.

Can I contact the researchers?

If you have any questions related to this study, please contact a member Dr Lindsey Brett either by email (lindsey.brett@mq.edu.au) or over the phone (9850-2487).

Who has reviewed the research project?

This study has been approved by the South Eastern Sydney Local Health District Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email SESLHD-RSO@health.nsw.gov.au and quote [**HREC project number**].



**Thank you for taking the time to consider this study.
If you wish to take part in it, please sign the consent section below.
This information sheet is for you to keep.**

Consent Form [Participant Copy]

1. I,....., agree to participate in the study described in the participant information statement set out above.

2. I acknowledge that I have read the participant information statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.

4. I understand that I can withdraw from the study at any time without prejudice to my relationship to either Prince of Wales Hospital or Macquarie University.

5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

6. I understand that if I have any questions relating to my participation in this research, I may contact Dr Lindsey Brett, who will be happy to answer them.

7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement.

Complaints may be directed to the Research Support Office, South Eastern Sydney Local Health District, Prince of Wales Hospital, Randwick NSW 2031 Australia (phone 02-9382 3587, fax 02-9382 2813, email SESLHD-RSO@health.nsw.gov.au .

Signature of participant: _____ Date: _____

Please PRINT participant name: _____

Signature of Investigator: _____ Date: _____

Please PRINT investigator name: _____

Consent Form [Investigator Copy]

1. I,....., agree to participate in the study described in the participant information statement set out above.

2. I acknowledge that I have read the participant information statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.

4. I understand that I can withdraw from the study at any time without prejudice to my relationship to either Prince of Wales Hospital or Macquarie University.

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Signature of participant: _____ Date: _____

Please PRINT participant name: _____

Signature of Investigator: _____ Date: _____

Please PRINT investigator name: _____