

Additional File 3: Workwell Intervention: Process evaluation protocol. Hammond et al, 2022.

[Hospital/site heading]

Patient Screening Number:

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WORKWELL CONSENT FORM

Title of project: WORKWELL: Testing work advice for people with arthritis

Name of researcher: Prof Alison Hammond

Please INITIAL all boxes (i.e. do NOT tick)

1. I confirm that I have read and understand the information sheet dated 9.9.19 (**Version 3**) 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. If I do later choose to withdraw from the study, I agree that any data collected up to that point can be kept and used in the study, unless I inform the researchers otherwise.
4. I agree to participate and understand that I will receive a work self-help information pack and I may also be allocated to attend the WORKWELL programme at my Rheumatology/ Therapy department.
5. **Optional:** If I see a therapist as part of the research: I agree to allow one appointment to be audiorecorded by the therapist. I understand that: this will be securely sent to the research team; the therapist will delete their copy; the recording is deleted once transcribed; and anonymised quotes may be given verbatim in reports.

- 6. **Optional:** if I see a therapist as part of the research: I agree to take part in the face-to-face interview about the work advice I receive. I understand that the interview will be audio-recorded, recordings will be deleted once transcribed and anonymised quotes may be given verbatim in reports.
- 7. I understand that relevant sections of my medical /therapy notes may be looked at by members of the research team, regulatory authorities or from the NHS Trust, where it is relevant for my taking part in this research. I give permission for these individuals to access my records.
- 8. I understand that my personal details will be kept confidential and will not be revealed to people outside the research team
- 9. I agree to my Rheumatology Consultant being informed of my participation in this study.
- 10. I understand a copy of this form and my contact details will be forwarded by the Research Facilitator/ therapy team at my hospital to the research team at the University of Salford and to the Lancashire Clinical Trials Unit.
- 11. I understand that my fully anonymised data will be used in research presentations, reports and articles.
- 12. I agree to take part in the above study.
- 13. I agree to being contacted in future to **ask about** taking part in a longer-term follow-up for this study and other associated studies. I understand that I can change my mind about this at a later date.

Name of patient: _____ Date: _____ **Signature:** _____

Name of person
taking consent: _____ Date: _____ **Signature:** _____

When completed copy x3: 1 for patient; 1 for medical notes; 1 for WORKWELL Trial Manager (UoS); and file original in WORKWELL site file.