# CONNECT: using electronic devices (e.g. smartphones, smartwatches) to predict relapse of psychosis

## Consent Form

Thank you for reading the information leaflet about this research study. If you would like to take part, please complete and sign the consent form below. You also need to **initial the boxes** for each statement you agree with [if providing written consent] / say "yes" or "no" with each statement [if providing audio recorded consent). At the start of assessment visits we will ask you to explain what the study involved and confirm if you are still happy to participate in the study or not.

| | **Activities** | Initials |
|---|---|---|
| 1 | I confirm that I have read the information sheet (**Version 14, Date 22/06/2026**) for the above study. I understand the information the researchers provided about the study. I have been able to ask any questions I have about the study and have had them answered in a way that I understand. | |
| 2 | I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised at the end of the study and forms part of the data set.<br>I agree to take part on this basis. | |
| 3 | I agree that any data collected (including quotations from the interview) may be included in anonymous form in publications / websites / social media / conference presentations / other dissemination events. | |
| 4 | I allow the project team access to my clinical notes for information relevant to the project. This access will remain for the duration of the project. In the event I withdraw from the study, the project team can access my clinical notes after I withdraw to collect information entered into them up to the date of my withdrawal. | |
| 5 | I agree that information collected about me during the study may be transmitted through a computer network or through the internet. This information will be anonymised and will not include anything which could identify me by name, address or date of birth. I agree to allow this anonymised information to be analysed by people involved in this research project, who may be in the UK or in other countries, including other recognised research organisations. | |
| 6 | I agree for the anonymised data to be made available to other researchers (including student researchers). | |
| 7 | I understand that data collected during the study may be looked at by individuals from The University of Manchester, the relevant Higher Education Institution (HEI) and/or NHS Trust / Health Board, or regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data. | |
| 8 | I understand that there may be instances where, during the course of the research, information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet. | |

| | | |
|---|---|---|
| 9 | I am willing for researchers to inform my clinical team/GP that I am taking part in the project and provide information relevant to my care while I am taking part. I understand that this information will be added into my electronic notes. | |
| 10 | I agree to take part in this study. | |

The following activities are **optional.** You may participate in the research without agreeing to them. Please circle Y/N to indicate whether you agree (Y) or not (N) / If completing electronically, please highlight or bold your response, or delete the non-appropriate response:

| | | |
|---|---|---|
| 11 | If I choose a *Fitbit* , I understand that I will be required to register for a *Google Health* account and will have to provide information that could identify me by name, email address or date of birth. I understand that I can ask for my data to be deleted from the *Google Health* database at the end of the study. | Y / N* |
| 12 | I understand that the information held and maintained by NHS England/NHS Scotland/NHS Wales and/or my local Integrated Care Board/Health Board may be used to provide information relevant to the project. I agree for my records to be accessed. | Y / N |
| 13 | I agree that the research team may contact me to take part in an interview about my experience of participating in this study. I understand that if I take part in an interview, it will be audio (voice) recorded. I also understand that recordings will be deleted once my speech has been turned into written text (transcribed).<br>I agree to the audio-recorded interview being typed up into a written note (transcribed) by a transcription service who will follow GDPR regulations | Y / N |
| 14 | I agree that the researchers may keep my contact details to provide me with a summary of the findings for this study. | Y / N |
| 15 | I agree that researchers may contact me in the future about other research projects. | Y / N |
| 16 | I would like to receive an electronic shopping voucher. I understand that my email address will be sent to the university/NHS Finance team for the sole purpose of sending me an electronic shopping voucher. | Y / N |

***** if you select "no" you can still participate in the study but will be given an Apple Watch (iOS phone users only) or will not receive a wearable (android phone users only).

**Data Protection**

**The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.**

| | | |
|---|---|---|
| Name of Participant | Signature | Date |
| | | |

Name of person taking consent Signature Date

1 copy for the participant, 1 copy for the researcher site file, 1 copy to be uploaded into the medical notes.