

IDS-TILDA PARTICIPANT ID W 2

Please read the information below and sign this consent form if you wish to take part in this second wave of the study.

I agree with the following statement

Please tick ✓



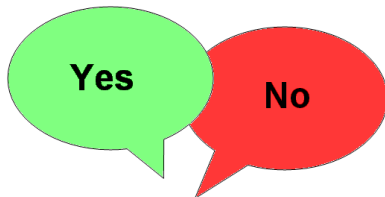
I have gone through the information about this study



I know who to contact if I have any other questions.



Any questions that I might have had were answered.



I know that it is my choice to take part in this study.



Trinity College Dublin

I understand this study is for ten years and I will be visited again by a researcher from Trinity College Dublin.



I understand that I will be asked questions about my:

- life
- health
- work
- friends

and things I like to do.



I have gone through the information about this study



I understand that I do not have to answer questions I don't feel happy with.



As part of the study, I know that I will be asked to try and do some things such as write my name.



I do understand that I can stop taking part in this study when I want to.

I do not have to give a reason.



I understand that all information I give during this study will be kept safe and private.

I will not be named in any reports.



I understand that there are no known risks with this study.

YOUR CONSENT

Your name: _____

Your phone number: _____

Your address: _____

Please sign your name:

Date: _____

THE PERSON SUPPORTING YOU

I have supported the person named above to fill out this form. I believe they understand the information and have freely agreed to take part in this study.

Print name: _____

Relationship to the person named above: _____

Phone number: _____

Signature: _____

Date: _____

**Please return this consent form to the field researcher
before the interview commences.**