Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part, there will be no disadvantage to you and we thank you for considering our request. If you do want to take part now, but change your mind later, you can pull out of the study.

This Participant Information Sheet will help you decide if you’d like to take part. It sets out why we are doing the study, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. We will go through this information with you and answer any questions you may have. Before you decide you may want to talk about the study with other people, such as family, whānau, friends, or healthcare providers. Feel free to do this.

If you agree to take part in this study, you will be asked to sign the Consent Form. You will be given a copy of the Participant Information Sheet to keep.

This document is 6 pages long, including the Consent Form. Please make sure you have read and understood all the pages.

**WHAT IS THE PURPOSE OF THE STUDY?**

You are invited to take part in a study exploring how patients with rheumatoid arthritis and gout think about and manage their long-term medication.

This research is funded by the Department of Psychological Medicine at the University of Auckland as part of a PhD in Health Psychology thesis. Professor Keith Petrie, Professor Nicola Dalbeth (contact details above) or Yasaman Emad (yema766@aucklanduni.ac.nz) can be contacted to answer any questions.
**WHAT WILL MY PARTICIPATION IN THE STUDY INVOLVE?**

You have been invited to participate because you have rheumatoid arthritis and have been prescribed methotrexate or have gout and have been prescribed allopurinol.
This is a study designed to understand your thoughts about your medications, and will not influence your treatment.
Taking part in this study will involve participating in one 20 to 30 minute session.
This study involves completing a few questionnaires and answering some questions regarding your drug-related beliefs. The questions asked are simple and we appreciate the participant’s honest answers. There are no right or wrong answers.
Please note that your responses will not be shared with your rheumatologist or other members of your health care system.
Through your involvement in the study you will contribute to our understanding on how we can provide a foundation to design an effective intervention to improve treatment adherence in the future.

**WHAT ARE THE POSSIBLE BENEFITS AND RISKS OF THIS STUDY?**

This intervention is considered low risk so researchers do not expect you to experience any kind of risk.
This study will not change your current medication. However, if you are worried your treatment you can talk to your doctor or another member of the rheumatology team.

**WHO PAYS FOR THE STUDY?**

You will not incur any financial costs due to participation in this study.
As a thank you for your time involved you will receive a $20 shopping voucher plus with a parking voucher.

**WHAT ARE MY RIGHTS?**

Participation in this study is completely voluntary. You are free to decline to participate.
If you choose to take part, you can leave the study at any time (you can also keep the gift-voucher) without giving a reason. Whether or not you participate in this study will not affect your relationship with your healthcare provider or your future health care.
You will be given a copy of this document to keep.
Your data will not affect the decision made in your future healthcare.
The data you provide will not be recorded in or linked to your clinical record.
You can ask questions about the study and can contact the student researcher (Yasaman Emad) or co-researchers of this project through their details at the bottom of this sheet.
All private information will remain strictly confidential and no material that could identify you will be used in any report on this study. Your name will only appear on the consent form, which will be coded with a participant identification number so that your identity is kept private.
Only the researcher and supervisors will access the data. Your answers will not be shared with your rheumatologist, other members of your health care system or anyone else. Publications and presentations on the study will not contain any information that could identify you. Please note that the researcher and supervisors will have access to some information.
recorded in your medical file, such as the medicines you have received from the pharmacist and your blood results. All these information will remain confidential.

**WHAT HAPPENS AFTER THE STUDY OR IF I CHANGE MY MIND?**

You can also request that the data you have provided is withdrawn until two weeks after taking part in the study. To withdraw your data, please contact the student researcher (Yasaman Emad).

A summary of the results of this study will be sent to you if you want. As it takes time to analyse the data, it can take more than a year after participation that the summary of the results will be sent to you.

Questionnaires and consent forms will be kept in a locked filing cabinet in the researcher's office at the University.

When the study is finished, all private data (including computer files) will be kept for 10 years, after this time it will be disposed of.

**WHO DO I CONTACT FOR MORE INFORMATION OR IF I HAVE CONCERNS?**

If you have any questions, concerns or complaints about the study at any stage, you can contact:

*Professor Keith Petrie, Supervisor/Principal Investigator, Department of Psychological Medicine*
(09) 923-6564
kj.petrie@auckland.ac.nz

*Professor Nicola Dalbeth, Rheumatologist, Department of Medicine*
(09) 923-2568
n.dalbeth@auckland.ac.nz

*Yasaman Emad, PhDHealthPsych candidate in the Department of Psychological Medicine*
(09) 923-4687
Yema766@aucklanduni.ac.nz

*If you require Māori cultural support talk to your whānau in the first instance. Alternatively you may contact the administrator for He Kamaka Waiora (Māori Health Team) by telephoning 09 486 8324 ext 2324.*

*If you want to talk to someone who isn’t involved with the study, you can contact an independent health and disability advocate on:*

**Phone:** 0800 555 050
**Fax:** 0800 2 SUPPORT (0800 2787 7678)
**Email:** advocacy@hdc.org.nz

You can also contact the health and disability ethics committee (HDEC) that approved this study:

**Phone:** 0800 4 ETHICS
**Email:** hdecs@moh.govt.nz
Consent Form

- I have read and I understand the Participant Information Sheet.
- I have been given sufficient time to consider whether or not to participate in this study.
- I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care.
- I understand that my choice to/not to take part in this study will not affect my relationship with the researcher or with my healthcare provider.
- I understand that I can withdraw my data until two weeks after I have provided it without giving a reason.
- I understand that the study will take 20-30 minutes.
- I understand that the researcher and supervisors will have access to some information recorded in the medical file, such as dispensing data and the levels of biomarkers.
- I understand that all my information will be kept private and no material that could identify me will be used in any report on this study.
- I understand that the results of the study may be published/presented but will not include information that could identify me.
- I understand that the data will be stored for 10 years after which it will be disposed of.
- I understand that only the researcher and supervisors will access the data.
- I am aware that taking part in this study rewards me with a $20 shopping voucher plus a parking voucher.
- I know who I can contact if I have any questions about the study.
- I wish to receive a summary of the results from the study: please circle yes/no

My email is: ________________________________
My address is: ________________________________

Declaration by participant:
I hereby consent to take part in this study.
What do people with arthritis think about their medications?

Declaration by member of research team:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Researcher's name: ____________________________

Signature: ____________________________ Date: ____________________________