Effects of Relaxation on Wound Healing

PARTICIPANT CONSENT FORM

This form will be stored for a period of 6 years.

Researchers: Dr. Elizabeth Broadbent (Supervisor), Mikaela Law (Co-Supervisor, PhD student), Kate Loveys (Co-Supervisor, PhD student) and Isabella Pickering (Master’s student).

- I have read the Participant Information Sheet and have understood the nature of the research.
- I understand that participation in this study is voluntary and will take me approximately 90 minutes to complete.
- I know that I can withdraw my participation at any time without giving an explanation and I can withdraw any data traceable up to two weeks after completing the study if I wish, in which case the data will be securely destroyed.
- I know who to contact if I have any questions about the study.
- I have had the opportunity to ask questions and have them answered to my satisfaction.
- I have had the opportunity to talk with whānau before participating in the study if appropriate.
- I understand that my responses will be used for data analyses.
- I understand that the overall results may be published in a scientific journal but will not include any information that could identify me.
- I understand that participation in the study is confidential and that no material which could potentially identify me will be used in any reports or shared with any individual or organisation.
- I understand that during the experimental session, some of my responses will be video-recorded.
- I understand that during the experiment I will be subjected to a tape stripping procedure which may cause slight discomfort and redness of the skin, but this should disappear within 24 hours. If skin irritation persists, I understand I can contact University Health Services on 09 923 7681 to make an appointment with a doctor or contact the researchers to organise to see the study’s dermatologist.
- I understand that there is cultural support available by contacting the administrator for He Kamaka Waiora (Māori Health Team) on 09 486 8324 ext 2324.
• I understand that my salivary samples will be stored securely at the University of Auckland at -20 degrees Celsius and will be sent to Austria for analysis after which they will be disposed of, and not used for any future research.

• I understand that throughout the experiment, I will complete a series of questionnaires, which include answering questions about my demographics, health behaviours, levels of stress, pain, anxiety and relaxation and opinions on relaxation delivery.

• I understand that any audiovisual data collected by the technology used in this study will not be stored or analysed in any way by the researchers or the Soul Machines program.

• I agree to the terms related to technology confidentiality. Specifically, I acknowledge and agree that I will not make any video and/or audio recordings or take any photographs of the research or my participation in the research. I will not publish any articles (including any video and/or audio content) or make or authorize any public comments relating to or referring to the research or my participation in the research. I do not work for or contribute to any media organization.

• I understand that the research data (including questionnaires, video-recordings, physiological, and wound healing measurements) will be stored securely in the University of Auckland, Department of Psychological Medicine for six years, after which it will be disposed of by shredding/deleting according to whether it is hard copy or electronic. Participant names will only appear on the consent form, which will be coded with a participant identification number so that your identity is kept confidential on all questionnaire, physiological and wound healing data files.

• I am not aware of any reason why I should not participate in this research.

• I am aware that by taking part in this study I will be given a $30 Westfield voucher as koha for agreeing to take part in this research, irrespective of whether I complete the study.

I agree to take part in this research.

Name…………………………………………………………………………

Signature……………………………………………………………………..

Date…………………………

☐ I wish to receive a summary of the research findings.

Please email me at: .................................................................

If you have any questions, please feel free to email the researcher at ipic652@aucklanduni.ac.nz

For concerns of an ethical nature, you can contact the Chair of the Auckland Health Research Ethics Committee at ahrec@auckland.ac.nz or at 373 7599 x 83711, or at Auckland Health Research Ethics Committee, The University of Auckland, Private Bag 92019, Auckland 1142

Approved by the Auckland Health Research Ethics Committee on 3/3/2021 for three years.

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