

**Plantar Fasciitis and the Use of Orthotics as Treatment
Initial Consent & Demographic Information Questionnaire**

Title:	First name:	Last name:
Name:		
Date of birth: dd-mm-yyyy		Sex:
Your contact number:		Your email ID:

Please read through each line and tick all the boxes on the right to consent to the study.

- I confirm that I have read and understood the information sheet for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- I understand that taking part in the study involves filling out the questionnaire regarding the level of my foot pain and foot health. ☐
- I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish at any time prior to end of study on 31/12/2022. I understand that following 31/12/2022 all identifiable data will automatically be deleted. ☐
- I understand that the information I provide will be held securely, until it is fully anonymised and then deposited in the archive for sharing and use by other authorised researchers to support other research in the future. ☐
- I understand that signed consent forms and questionnaires will be retained in password protected computers until 31/12/2022. Dr Ampat's research team will have access to this data during this time. ☐
- I agree to take part in the above study. I agree to participate in all 5 sets of data collection: 0 weeks, 3 weeks, 6 weeks, 3 months, and 6 months. ☐
- I understand that my participation is voluntary and that I am free to withdraw from the study at any time between now and 31/12/2022, without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question. I can either email research@ampat.co.uk or contact Dr. Ampat's office on 01704579337 to withdraw from the study. ☐

Please confirm the address that you want us to send the Orthotics by post:

House/ Flat/ Building Number or Name:

Street:

City & Postcode:

**Please enter your shoe size. This is to enable us to send the appropriate Orthotics to your address.
Please note that we need UK sizes.**

Your signature:

Today's date:

Please return this form to the research team, along with the first completed data collection questionnaire, using the envelope provided. We are grateful for your participation. If you have any questions, please do not hesitate to contact Dr. George Ampat or his research team at research@ampat.co.uk or on 01704 579337.