

Footwear modification following hallux valgus surgery: the all-or-none phenomenon.

1.	I have read and understood the information about the project, as provided in the Information Sheet dated _____.
2.	I have been given the opportunity to ask questions about the project and my participation.
3.	I voluntarily agree to participate in the project.
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me.
6.	If applicable, separate terms of consent for interviews, audio, video or other forms of data collection have been explained and provided to me.
7.	The use of the data in research, publications, sharing and archiving has been explained to me.
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.
9.	Select only one of the following: <ul style="list-style-type: none"> • I would like my name used and understand what I have said or written as part of this study will be used in reports, publications and other research outputs so that anything I have contributed to this project can be recognised. • I do not want my name used in this project.
10.	I, along with the Researcher, agree to sign and date this informed consent form.