

CONSENT FORM, Version 4.0, date 05Feb2021

Title of Project: Rehabilitation Exercise and Psychological Support after COVID-19 Infection: The REGAIN Study

Chief Investigator: Dr Gordon McGregor

Please take the time to read each of the items on this consent form carefully and then select Yes or No for each item.

In order to take part in the REGAIN study, you must be happy to answer all of the essential items on this consent form as Yes. If your answer to any essential item is No, that is not a problem and you can still submit the consent form, however you will not be able to continue and join the REGAIN study. Optional items can be answered as either Yes or No.

If you'd like to discuss the consent form with a REGAIN team member, please call 02476 151719. You can leave this consent form and revisit it at anytime by clicking the link you have been sent to access this form. Your answers will be saved when you leave the consent form.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. I confirm that I have read the REGAIN Participant Information Sheet dated..... (Version....). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that relevant sections of my NHS hospital records, medical notes, GP records and data collected during the study, may be looked at by responsible individuals from the University of Warwick, University Hospitals Coventry and Warwickshire NHS Trust, regulatory authorities, and NHS Trusts, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that the REGAIN intervention is delivered by a third party online video platform and that if I am randomised to the REGAIN intervention group I will be asked to register an account. Registering an account will require me to agree to the Terms and Conditions and to provide my name and email address. | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO

5. I understand that appropriate personal identifying information will be collected, stored and used by authorised individuals from Warwick Clinical Trials Unit and University Hospitals Coventry and Warwickshire NHS Trust. This is on the understanding that any information will be treated with the strictest security and confidentiality.
6. **For individuals who initially received a study invitation letter from a NHS hospital trust:**
I understand that routinely collected data regarding my COVID-19 admission will be provided by my hospital. I agree for Warwick Clinical Trials Unit and University Hospitals Coventry and Warwickshire NHS Trust to hold and link this data to the data I provide for this study.
- For other individuals:**
I understand that my hospital will not provide data but that my GP may be contacted to provide further information on my eligibility for the trial.
7. I understand that the anonymised information collected about me may be used to support other research in the future, and may be shared anonymously with other researchers. Any future research will be ethically approved where necessary.
8. I agree to my General Practitioner being informed of my involvement in the study, and for them to be provided with a summary report of the results from the questions I answered about my mental health and of any safeguarding concerns the study team have about my health.
9. I agree to be contacted by a member of the REGAIN team if there are any questions or queries for me during the study.
10. I agree to being sent text messages and/or emails by the REGAIN team. I understand that a third party service may be used to send text messages and agree to my contact details being provided to facilitate this.
11. I agree to my video/telephone consultation, exercise and support sessions being observed and recorded. This is to monitor quality and to provide the REGAIN team with an understanding of topics and issues that generated discussion.
12. I agree to take part in the above study.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 13. OPTIONAL – If the study team do not receive a response from me to the online questionnaire at twelve months, I agree to my General Practitioner being contacted so the study team can access my medical records, to collect details of my health and any medication and services I have received during the study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. OPTIONAL – I agree to have photographs or short video clips taken during the exercise and support sessions. I agree that these may be used for conference presentations and study publicity and understand that these videos will be stored securely at Warwick Clinical Trials Unit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. OPTIONAL – I agree to being contacted after 3 months’ time to see if I would like to be interviewed by a researcher to discuss my experiences of being involved in this research | <input type="checkbox"/> | <input type="checkbox"/> |

Consent form completed by (give full name):

Date consent form completed: dd/mon/yyyy

Thank you for submitting your consent form. You will receive a message shortly letting you know what the next step is.