



**Scottish Mental Illness Stigma Survey**  
**Consent form [[ TELEPHONE/ZOOM VERSION ]]**

		Please check box (only if you agree with each statement)
1	I confirm I have read and understood the information sheet for the above study and have had the opportunity to ask questions, and had these questions answered satisfactorily.	
2	I understand my participation is voluntary and I am free to withdraw at any time without giving a reason and without my medical care and/or legal rights being affected. I have up to two weeks to withdraw my data even if I complete the survey.	
3	I understand that my questionnaire answers will be collated with other questionnaire answers and analysed by the study team.	
4	I understand that my questionnaire is anonymous and that I will not be identifiable.	
5	I understand that a unique ID number will be used to track my answers in an anonymous way.	
6	I understand that results and individual quotes may be published, however, it will not be possible to identify me in future publications.	
7	I understand that the research team may not be able to maintain confidentiality, and may contact the emergency services, if I report an immediate threat to me or others.	
8	I confirm I am aged 18 years or older.	
9	I consent to take part in the Scottish Mental Illness Stigma Survey.	



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Please initial  
 box (only if  
 you agree  
 with each  
 statement)

10a	I consent to receive further information about the project	
10b	I <b>do not</b> consent to receive further information about the project	
11a	I consent to receive further information about future similar research opportunities	
11b	I <b>do not</b> consent to receive further information about future similar research opportunities	
12a	I consent to the anonymised data I submit in the survey being used in similar future research.	
12b	I <b>do not</b> consent to the anonymised data I submit in the survey being used in similar future research.	
13	<p>If you have consented to receive information about the project including future similar research opportunities (question 9a), how would you like to be contacted by the research team (answer all that apply)?</p> <p><b>Only answer this question if you have agreed to question 9a</b>  <b>Please <u>do not</u> answer this question if you have agreed to question 9b</b></p> <ul style="list-style-type: none"> <li>• Name: _____</li> <li>• Email address: _____</li> <li>• Telephone number: _____</li> </ul>	

Name of participant (print)			
Person taking consent (print)		Signature	Date DD/MM/YYYY

[[ If consent is appropriately given above, the participant will be able to progress to complete the survey ]]