



Understanding how people with spinal cord injury use cannabis to manage pain

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CONSENT FORM FOR PARTICIPANTS

Pseudonym of participant:.....

1. I have read the Information Sheet concerning this study and understand the aims of this research project.
2. I have had sufficient time to talk with other people of my choice about participating in the study.
3. I confirm that I meet the criteria for participation which are explained in the Information Sheet.
4. All my questions about the project have been answered to my satisfaction, and I understand that I am free to request further information at any stage.
5. I know that my participation in the project is entirely voluntary, and that I am free to withdraw from the project at any time without disadvantage.
6. I know that the interview will explore the use of Cannabis for controlling SCI related pain and that if the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s), and /or may withdraw from the project without disadvantage of any kind.
7. I understand the nature and size of the risks of discomfort or harm which are explained in the Information Sheet.
8. I know no personal identifying information will be used in the paper records or electronic files which represent the data from the project, and that these will be placed in secure storage and kept for at least ten years.
9. I understand that the results of the project may be published and be available in the University of Otago Library, but that any personal identifying information will remain confidential between myself and the researchers during the study, and will not appear in any spoken or written report of the study
10. I know that there is no remuneration offered for this study, and that no commercial use will be made of the data.

Name & signature of person taking verbal consent _____

Date: _____