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Title of Study: SLEEP AND PAIN IN OSTEOARTHRITIS

CONSENT FORM

	I agree
I understand that my participation in this study is voluntary and that I may withdraw at any time without giving any reason	☐
I have read the information sheet about this study, and the procedure of the study has been explained to me	☐
I have been given the opportunity to ask any questions that I may have about the study, and these have been answered to my satisfaction.	☐
I have had explained to me what information will be collected about me, what it will be used for, who it may be shared with, how it will be kept safe, and my rights in relation to my data.	☐
I understand that the data collected from me in this study will be preserved and made available in anonymised form, so that they can be consulted and re-used by others.	☐

I would like to opt-in to the following optional measurements:

- A pinprick sample of blood to measure your levels of inflammation ☐
- A test of your pain threshold using a nylon filament and a heated probe ☐

My contact details: _____

I am happy to be contacted about future studies (optional) ☐

First name _____ Last name _____

Signature _____ Date _____