

**Investigating Compassion-Based Guided Self-Help for Depression in People
with Skin Conditions**

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Informed consent form

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Appendix B Consent statement

| | Agree | Disagree |
|---|-----------------------|-----------------------|
| I confirm that I am over the age of 18 and that I have been diagnosed with a skin condition by a medical professional. | <input type="radio"/> | <input type="radio"/> |
| I have read and understood the participant information sheet and have had the opportunity to ask questions of the researcher by email. | <input type="radio"/> | <input type="radio"/> |
| I understand that taking part in this study will involve answering questions about my mental health and skin condition and carrying out activities that may increase my awareness of pre-existing psychological distress. | <input type="radio"/> | <input type="radio"/> |
| I understand that my participation in this study is voluntary and that I may withdraw from the study at any time, without giving a reason and without any adverse consequences. | <input type="radio"/> | <input type="radio"/> |
| I am aware that this study will be administered online and that I will be contacted regularly by email during the study period, but that my personal details will not be disclosed to any third parties nor will I be identified or identifiable in any of the results. | <input type="radio"/> | <input type="radio"/> |