

## **MODEL**

### **Consent Form**

You are being asked to participate in a research study that aims to evaluate Internet programs that will help people who are experiencing persistent low mood or depression. You are being asked to participate in this study because you are experiencing persistent low mood or depression are interested in participating in a study to find ways to help improve an online intervention for depression. Your involvement will help us to improve the programs we are developing.

This study is being conducted by John A. Cunningham, Ph.D. (416-535-8501) who is with the Centre for Addiction and Mental Health in Canada.

- \* This study is not a treatment program. However, at any time during this project you can contact Alexandra Godinho (email address), Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, Toronto, Canada to ask for assistance in getting a referral to a treatment service.
- \* Following receipt of this completed consent form, you will be asked to complete a baseline questionnaire about how you are feeling as well as some other information about yourself. A link to a website where you can complete this questionnaire will be sent to the email address you provide.
- \* Following the completion of the baseline questionnaire, you will also be asked to access an Internet website which provides self-help tools for depression. You will be sent a \$10 gift certificate to Amazon.ca upon accessing the Internet program as compensation for your participation in this study. Not everyone will access the same website. Some participants will access one Internet self-help program and some will access a different Internet self-help program. Which website you will be asked to access will be determined entirely by chance. Five times in the next two months, you will receive an email from us, asking you to log on to this website again and try a different part of the program. Or course, you are free to log on to the website at any other time as well.
- \* You will be asked to complete two Follow-up Questionnaires, one 3 months from now and one 6 months from now. The first will ask about how you are feeling and other experiences over the next 3 months and the second will ask similar questions over the following 3 months. You will be sent a \$20.00 gift certificate from Amazon.ca for the completion of the 3-month follow-up, and \$30.00 Amazon.ca gift certificate for the completion of the 6-month follow-up questionnaire as compensation for your participation. For the completion of all questionnaires and accessing the website, you will have been compensated a total of \$60 in Amazon.ca gift certificates for participation in this study (i.e. \$10 for the baseline survey, \$20 for the 3-month follow-up survey, and \$30 for the 6-month follow-up survey).
- \* You may decline to answer any questions asked of you by withdrawing from the study at any time by closing your browser window. Incomplete surveys will be discarded and not used in the study.

- \* All information provided by you will be kept confidential within the limits of the law. Identification information (names, phone number, mailing addresses & email addresses) will be destroyed once the study is completed, i.e., after receipt of the six-month follow-up from all subjects.
- \* The results of this project will be reported so that you will not be identified. Published reports will refer to grouped information and not to any individual.
- \* If you have questions about your rights as a research subject, you may contact Dr. Robert Levitan, Chair, Research Ethics Board, Centre for Addiction and Mental Health, at 416-535-8501 ext. 34020.
- \* As part of continuing review of the research, your study records may be assessed on behalf of the Research Ethics Board and. A person from the research ethics team may contact you (if your contact information is available) to ask you questions about the research study and your consent to participate. The person assessing your file or contacting you must maintain your confidentiality to the extent permitted by law.
- \* As part of the Research Services Quality Assurance Program, this study may be monitored and/or audited by a member of the Quality Assurance Team. Your research records and CAMH records may be reviewed during which confidentiality will be maintained as per CAMH policies and extent permitted by law.

## CONTACT INFORMATION

**Please complete all fields prior to digitally signing document below.**

Telephone Number: (     )     -     \_\_\_\_\_

Address Line 1: \_\_\_\_\_  
Street address, P.O. Box

Address Line: \_\_\_\_\_  
Apartment, suite, unit, building, floor, etc.

City: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## AGREEMENT TO PARTICIPATE

I \_\_\_\_\_ have read (or had read to me) the information sheet for the MoodGYM Study, and agree to participate. In addition, I understand that correspondence for the study will be conducted first and foremost via email; however I give permission to be contacted at the telephone number/mailing address listed above if the study team is unable to contact me via email.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_  
(Please type your first and last name)