

The NSW CLEAR Study

Cancer, Lifestyle and Evaluation of Risk Study

Participant Consent Form

Participant Details

Mr Mrs Miss Ms Other _____

Family Name: _____ First Given Name: _____

Other Given Name(s): _____

Address: _____

Phone Number: _____

Email: _____

Date of Birth: / /
Day Month Year

I agree to take part in the NSW CLEAR Study and consent on the understanding that:

- The Study will be done as described in the CLEAR Study Participant Information Sheet, which I have read and understood.
- I have read the Participant Information Sheet, which explains why I have been invited, the aims of the study, and the nature and the possible risks of the Study.
- Before signing this consent form, I have been given the opportunity of asking any questions about the Study including those relating to any possible physical and mental harm I might suffer as a result of my participation, and I have received satisfactory answers.
- I can withdraw from the Study at any time without prejudice to my relationship to the Cancer Council NSW, or my health care providers.
- That data gathered relating to my questionnaire or blood/tissue sample may be published, in ways that do not identify me.
- Results from any test or analyses will be incorporated back into the CLEAR Study for use in future research.
- If I have any questions relating to my participation in this Study, I may contact the Study on 1800 500 894.
- I may keep copies of this Consent Form and the Participant Information Sheet.
- I permit researchers to contact me to participate in follow-up research, my participation in this will be entirely voluntary.
- The Study will follow my health over time by accessing and linking my health records from NSW hospitals, cancer and death registers and other health-related record collections, as outlined in the Participant Information Sheet.

Please tick one:

- I have been diagnosed with cancer in the last 18 months.
- I have never been diagnosed with cancer.

Optionally, I agree to (Please circle Yes or No)

- Give a blood sample to the Study, and permit the long term use and storage of the sample and test results. I understand that generally no results will be communicated back to me as stated in the Participant Information Sheet. *(If Yes, you will be sent a blood collection form listing nearby blood collection centres.)* Yes No
- Permit researchers to ask for samples of the tissue I gave to the pathologist who diagnosed my cancer. *(Only for participants with a cancer diagnosis)* Yes No

(If Yes, please name the Hospital or Medical Centre where surgery was performed.)

- Permit study investigators to access my dental records. *(If Yes, please provide details)* Yes No

Dentist's Name: _____

Address: _____

Telephone: _____

Signature of Participant: _____

Date (Today's date): / /
Day Month Year

If your spouse or partner is also enrolled in the Study, please provide their name

Given Name: _____ Surname: _____

I would / I would not *(please delete where applicable)* like to receive Study newsletters by post or by email *(please delete where applicable)*

Complaints may be directed to the St Vincent's Hospital Research Office, on (02) 8382 2075

Thank you for participating in the NSW CLEAR Study.

The NSW Cancer, Lifestyle and Evaluation of Risk (CLEAR) Study

Questionnaire For Women

All of your answers will be kept confidential

- Your answers are important to us. Please answer every question. If you are not sure of the right dates or ages, your best guess is better than leaving it blank.
- The study is looking at the possible relationship between ordinary behaviours (“lifestyle”) and having been diagnosed with cancer. The questions cover a range of activities that may, or may not, be connected with cancer. Asking you about these things does not mean that we think they cause cancer. What we hope is that everyone’s answers will reveal any overall patterns of the relationship between ordinary activities and illness.
- If you are a cancer patient, please answer the questions thinking of the time just before you became ill with this cancer.
- If you are a spouse or partner of a cancer patient, please answer the questions thinking of the time just before your spouse/ partner became ill with this cancer.
- Please answer the questions about yourself and your own experience, not your partner’s experience.
- Please write clearly using BLACK or BLUE ink. Put a cross (X) in the appropriate box(es) OR put numbers in the appropriate box(es)
e.g. 2nd December 1942 / /
- If you make a mistake or change your mind please draw a line through that answer and write the correct answer next to it
e.g. ~~25~~ 36
- A glossary explaining some of the terms used in this questionnaire appears on the last page.



CLEAR, Reply Paid 79819, Potts Point NSW 1335. Study Call Centre 1800 500 894
clear@nswcc.org.au www.clearstudy.org.au



For more information

Call 1800 500 894 or
www.clearstudy.org.au