

**THIS PARTICIPANT INFORMATION SHEET AND CONSENT FORM WILL BE PRESENTED  
ELECTRONICALLY BUT AVAILABLE TO DOWNLOAD AND PRINT  
A VIDEO WITH TRANSCRIPT WILL BE AVAILABLE ONCE TEXT APPROVED BY ETHICS  
COMMITTEE**

**The Smartphone and Wearable Data for Health Research Database (SMART-Health)  
CONSENT FORM**

If you want to take part in SMART-Health please read the Participant Information Sheet (version X). To take part please read and tick to agree with the following statements

If you have any questions please contact us on [smarthealth@sheffield.ac.uk](mailto:smarthealth@sheffield.ac.uk)

<b>To take part in SMART-Health please tick to agree with the following:</b>	
I have read the participant information sheet version 1.0. I have had the opportunity to ask questions and had these answered.	
I understand taking part is voluntary and I can leave (withdraw) at any time.	
If I leave, I understand SMART-Health will stop collecting my data and will not perform new research on my data but that some research may have been done that cannot be undone.	
I allow the SMART-Health team to collect, store and use my identifiable information (such as name). I understand this will not be used in research but may be accessed by regulatory authorities who monitor research and shared with organisations such as the NHS to obtain access to my health-related records.	
I agree the SMART-Health team can contact me for reasons including: sending news and updates, asking about my experience taking part, asking if I would complete more optional questionnaires, asking permission to collect information about me from other sources.	
I understand my data is not being used to monitor my health and taking part in SMART-Health does not give me any medical benefit.  I understand that if I need medical attention I must seek this as normal.	
I agree the SMART-Health team can obtain my health-related data from NHS authorities, UK Statistical Authorities and other bodies that store my health-related information (such as Office for National Statistics, disease registries, dentists, occupational health and my GP). This data will only be used for the purposes of research in the public good.	
I understand my past and future smartphone, healthcare (and if I provide it, my wearable) data may be accessed by researchers from different organisations for research approved by the SMART-Health team.	

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I understand researchers allowed by SMART-Health to use my data will never know my identity and no published research will ever reveal my identity.	
I understand that unless I withdraw, SMART-Health will continue to use my data and collect and use my linked health information for research over the course of my lifetime and beyond.	
<p>I understand I will need to agree to the Terms and Conditions and privacy policy of the SMART-Health smartphone app.</p> <p>If a wearable is loaned to me I understand I need to agree to the same Manufacturer's Terms and Conditions and privacy policy that apply to all users of these devices and to return the device if asked.</p>	

<b>The statement below is optional. You can take part in SMART-Health without ticking this.</b>		
<b>(OPTIONAL)</b> I agree location data can be obtained from my phone and wearable if I use one. I understand this location data will be used by the SMART-Health team to calculate information that does not reveal my location or identity for use in health research.	Y	N

Name of Participant:

Date:

Email (to receive an electronic copy of this consent form)

Address if you would prefer a posted copy

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