INFORMED CONSENT FORM

FOR PARTICIPANTS ABLE TO GIVE CONSENT

**Study:** "Non-invasive characterization of the human neuromuscular function"

JRCO number: 18IC4685

Name of the Principle Investigator: Dario Farina

Please indicate that you agree with the points below by initialling the corresponding boxes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | I confirm that I have read and understood the participant information sheet dated 06 December 2021 version 7.0 for the above study and have had the opportunity to ask questions and received answers addressing them fully. | | |  | |  |
| 2. | I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason, without the standard of care towards my person or my legal rights being affected. | | |  | |  |
| 3. | I understand that recorded experimental data may be analysed by responsible individuals from Imperial College London or from regulatory authorities. I give permission for these individuals to access my records if they are relevant to this research. | | |  | |  |
| 4. | I agree to take part in the above study. | | |  | |  |
| 5. | I agree to be filmed/photographed during the experiments. Additionally, I agree with the use of these films/pictures for (please choose/optional)   * scientific purposes (presentations, publications, etc. ) if I cannot be identified * scientific purposes (presentations, publications, etc. ) if I can be identified | | |  | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Participant | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Person taking the consent  (if different from Principal Investigator) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Investigator | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |

## **General Questionnaire – Section 1**

1. What is your gender?

* Male
* Female
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How old are you?

\_\_\_\_\_\_ years old

1. What is the highest level of education you have completed?

* Some high school
* High school graduate
* Trade/technical/vocational training
* College graduate
* Postgraduate degree

1. What is your primary language?

* English
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which side do you perceive as dominant?

* Left
* Right
* Ambidextrous

1. Do you currently experience any pain or other health issues?

* No
* Yes

If the answer is yes, please explain:

|  |
| --- |
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|  |

1. What is your height, weight and leg length (measured from the anterior superior iliac spine to the lateral malleolus)? **(applicable to measurements related to leg only)**

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leg length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Section 2 (To be completed by participants with diagnosed pathological tremor)**

1. What diagnosis have you received for your pathological tremor?

* Essential Tremor
* Parkinson’s Disease
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what year did you receive your diagnosis?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_