



CONSENT FORM

Can open-label placebos augment an existing online treatment for insomnia?

Principal Investigator: Professor Keith Petrie

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Co-Investigator: Professor Lee Ritterband and Professor Borge Siversten

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

I have read the Participant Information Sheet, and I have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to take part in this research.
- My participation is voluntary.
- I understand that I am free to withdraw participation at any time without giving a reason, and to withdraw any data traceable to me up until one week following my completion of the study.
- I understand that data will be kept for a minimum of 6 years, after this time any data will be destroyed.
- If I am a student of the researchers, I have been given assurance that my participation or non-participation in this study will have no effect on my grades or relationship with the University and that I may contact my Head of Department should I feel that this assurance has not been met.
- I understand that only the researcher and supervisors will access the data.
- I am aware that taking part in this study rewards me with a \$50 voucher.
- I know who I can contact if I have any questions about the study.

I wish to receive a summary of findings, which can be emailed to me at this email address:

I do not wish to receive a summary of findings.

Name _____

Signature _____ Date _____

This study has been approved by the Auckland Health Research Ethics Committee (AHREC) on xx/xx/2022 for three years (ref: AHxxxx).