

Health State Preference Project Survey

Participant Consent Form

Title of Project: Health state preference project	
	Please tick all 4 boxes
1. I confirm that I have read and understand the project information provided and if I require further details I can contact pret@sheffield.ac.uk.	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time without having to give a reason and without any sort of penalty.	<input type="checkbox"/>
3. I understand that any data I provide will be treated securely and kept confidential. My responses will be anonymised before analysis. Only the project team will have access to my responses.	<input type="checkbox"/>
4. I agree to take part in this survey.	<input type="checkbox"/>
If you would like any further information about the research please e-mail pret@sheffield.ac.uk or visit http://www.sheffield.ac.uk/scharr/sections/heds/mvh/pret.html	
To continue to the survey please click "Next question" below	

Previous Next Question

Undo All