

## PARTICIPANT INFORMATION SHEET FOR SERVICE USERS

A trial of group cognitive stimulation therapy in people with learning disabilities who have memory problems

photo of researcher	My name is
	I am a researcher
	I am writing to ask if you want to help me



## What is my work about?



I want to find out if group Cognitive Stimulation Therapy (CST), helps people with learning disabilities who have memory problems

Having memory problems means sometimes not remembering where you put things or the names of people

It means you can't do some things you used to do and need more help



In CST we play games and puzzles to help us think

I want to find out if playing these games can help slow down memory loss

	NIRK. 201954
	I am looking for 50 people to take part
Why do I want to se	ee you?
	<ul> <li>I want to see you because</li> <li>You have problems with your memory</li> </ul>
	<ul> <li>You have a mild or moderate learning disability</li> </ul>
	<ul> <li>The information you give can help to make things better for people who have problems with their memory</li> </ul>







## You will do this 2 times a week for forty five minutes You will do this for 7 weeks After 8 or 9 weeks we will ask you and your carer some questions. These questions will be about

your memory



 how you get on with day to day activities

your quality of life

At the end of the study we may invite you to take part in a short interview about the study

This will be recorded

If we use any quotes (things that you say in the interview), we will not use your name or personal information so no one will know it is you.

The health professionals in the learning disabilities team will get a copy of the manual at the end of the study so that they can run their own group.

	NIHR: 201934	
	If you are in the group that did not	
	get the therapy, the health	
	professionals in your learning	
	disability team might let you join a	
	therapy group at the end of the	
	study. But it is possible that you	
	might not get to join a therapy	
	group.	
Do you have to take part?		
	No, you do not have to take part	
	You can tell me <b>Yes</b> if you want to	
	take part	
	You can tell me <b>No</b> if you do not	
	want to take part	
	If you say <b>No</b> it will not change the	
	care you get	

Consent S Yacurname	If you say <b>Yes</b> , I will ask you to sign a consent form
	You can stop taking part at any time
What inform	ation about me will you take?
	<ul> <li>We will need to use information from about you in this research.</li> <li>This information will include your;</li> <li>Name</li> <li>Age</li> <li>Gender</li> <li>Ethnicity</li> </ul>
	<ul> <li>Contact details (address and</li> </ul>
	telephone numbers)
	<ul> <li>Diagnosis</li> </ul>
	<ul> <li>NHS number</li> </ul>
	We will use this information to do the research or to check your





I will let your GP (doctor) know you are taking part

• The information you give will be private and kept in a locked cupboard for up to year. Then stored away by your local NHS team.

• I will not talk to anyone else about you.

Although what you say to us is not going to be shared, If you say anything to us which puts you or anyone else in danger, we may need to report this to the right person to help

• The recordings of the groups and any interviews will be put on a computer and deleted from the digital recorder



	www.hra.nhs.uk/information- about-patients/
	You can email our data protection officer Robert Paley on robert.payley@nelft.nhs.uk
If you want to talk t	o me
	<ul> <li>You can call me if you have any questions about the study</li> </ul>
	<ul> <li>You can call me if you are not happy with the study</li> </ul>
1 2 3 4 5 6 7 8 9 * 0 #	My phone number is

Thank you for looking at this

This research project has been reviewed by (insert ethics committee) who are there to make sure you are treated well.