

11. Additional Information

9. Participant Information Sheet

Research Project: Investigation of Different Therapy Approaches in Aphasia

Information Sheet for people with stroke or aphasia

You are being **invited** to take part in a **research study**. The investigation of different therapy approaches in aphasia is part of my **PhD project** at City University London.

This study runs within the framework of Thalís Aphasia project. The Thalís Aphasia project is the largest investigation of aphasia in the Greek language and aphasia speech and language therapy (SLT) intervention. This project is conducted from Department of Linguistics, School of Philosophy, University of Athens.

Before you decide, it is important to understand **why** we are doing this research and **what** it involves.

Please **read** this information carefully and **discuss** it with others if you wish. Please **ask** if there is **anything** that is not clear. You can talk to:

Researcher:

Evangelia – Antonia Efstratiadou
(tel: xxxx)

Supervisor:

Dr Ilias Papathanasiou
(tel: xxxx)

Take time to decide whether you wish to take part.

This booklet will give you information about:

- ⇒ What is the **purpose** of this **study**
- ⇒ **What we will ask you to do** if you participate
- ⇒ **What this project involves**

What is the purpose of the study?

You have had a **stroke**, which may have caused **aphasia**



I.....mercn
....steek....


Stroke and **aphasia** often affect the ability to express and understand language and quality of life. For relearning the abilities that have been lost or impaired **speech therapy is crucial**. In this study we want to **investigate the effectiveness of different therapy approaches** in aphasia and which therapy has the greatest **positive effects on quality of life**.

What we will ask you to do

If you decide to take part, we will ask you:

- To give us the permission to collect information about your stroke (e.g. have access to your medical/ academic records)

Assessments

- To complete a range of **assessments** with a speech language therapist of the project.
 - The speech language therapist will visit you **2-3 times** to do the following assessments:
 - A **case history** about your **stroke**
 - An **aphasia** test
 - **Naming** pictures
 - A **quality of life** questionnaire
 - A **general health** questionnaire
- We will then visit you 2 weeks later and do the **assessments again**

Therapy

- Then we will offer you **one of three** different speech language **therapy approaches**. We will need to see you for **therapy for 3 hours** each week, for **12 weeks**.



Re-assessment

- We will repeat the **assessments** just **after therapy** and **3 months** later.



In total, we will visit you **8-12 times** for **assessment** and **24-36 times** for **therapy**

What the project involves

If you decide to take part, we will ask you to **sign a consent form**.



If you decide to take part, you have to agree that you **will NOT receive other speech and language therapy** during the period you are involved in the project.

Assessment and re-assessment

Each visit will take **1 – 1½ hour**



If you get



tired, we will stop



and start again **later** or on **another day**.

Therapy

You will have therapy either **1-to-1** with the SLT





Or in a **group**



+



Or you will have **both** of them **together**.

When and where:

The assessments and therapies will take place at the settings where you normally receive speech and language therapy:



at your **home**

or



at your **hospital/ rehabilitation centre** .



The researcher will arrange a **time** to suit you for the assessment and therapy.

Right to withdraw



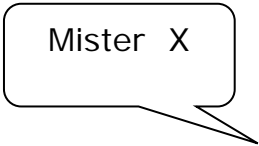
You have the right **to change your mind** about taking part at any time.

Stopping means **you will receive NO more speech language therapy in this project**

Confidentiality



All collected **information** will be kept **strictly confidential**



Ethics

This study has received ethics approval from:

- *****fill name either Eginitio or Patras** Hospital (ref no: xxx)**
- **the School of Health Sciences, City University London (ref no: xxx).**

If you want to **talk** to somebody about this research, you can contact Dr Ilias Papathanasiou (tel: xxx). If you are **not happy** with any aspect of the research, you need to phone or write to the Secretary of the Senate Ethics Committee. That person is: Anna Ramberg, (Anna.Ramberg.1@city.ac.uk), Academic Services, City University London, Northampton Square, London EC1V 0HB, Tel: 020 7040 8010. You need to give the name of the research project as: "Investigation of Different Therapy Approaches for Aphasia in the Greek language".

What will happen to the results?

The results will be written up for a **PhD thesis** to be kept at **City University London**

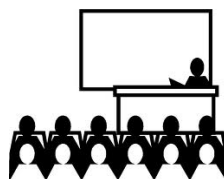


We will:

- **publish** findings in journals



- **present** them at **conferences**



Your **name** will not be used at any time.



Benefits

- You will have the opportunity to **receive free intensive speech and language therapy for 12 weeks.**
- This may **improve** your **language** and **communication**
- By taking part, you also help **research.** You help us **understand aphasia better.**



THANK YOU FOR YOUR INTEREST IN THIS RESEARCH!!



10. Consent Form

CONSENT FORM FOR PARTICIPANTS

Project Title: Direct and indirect therapy approaches for aphasia in the Greek language

1. I agree to take part in the above City University London PhD research project. I have had the project explained to me, and I have read the Explanatory Statement, which I may keep for my records. I understand that agreeing to take part means that I am willing to:

- Complete a range of assessments with the researcher, covering aphasia, quality of life and my general health



- participate in an therapy programme for a period of 12 weeks



- allow the researchers to have access to my medical/academic records

YES



NO



2. I understand that any information I provide is confidential



, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to

any other party. No identifiable Mister X personal data will be published. The identifiable data will not be shared with any other organization.

YES



NO



3. Withdrawal from study

I understand that my participation is voluntary, that I can choose not to participate in

part or all of the project, and that I can withdraw  at any stage of the project.

YES



NO



4. I agree to City University recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.

YES		NO	
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5. I agree to take part in the above study.

YES		NO	
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Name of Participant

Signature

Date

Name of Researcher

Signature

Date

When completed, 1 copy for participant; 1 copy for researcher file.