



# Université d'Ottawa • University of Ottawa

Faculté des sciences de la santé  
École des sciences de l'activité physique

Faculty of Health Sciences  
School of Human Kinetics

## Appendix E

### CONSENT TO PARTICIPATE IN RESEARCH

#### Framing Critical Health Messages on Exercise for Women Living with Lymphoedema

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**Invitation to Participate:** I am invited to participate in a research project called “**Framing Critical Health Messages on Exercise for Women Living with Lymphoedema,**” which focuses on exploring the experiences of women in Ottawa who are living with lymphoedema secondary to breast cancer.

**Purpose of the Study:** I understand that the purpose of this study is to learn about women's experiences with lymphoedema and the ways in which these women are able to manage the symptoms of the condition, with a focus on their views of exercise as a means of treatment.

**Participation:** For my participation, I will be interviewed once for 45-60 minutes. I will answer questions about my experiences with lymphoedema and my views on exercise as a means of symptom management for lymphoedema. The interview will take place on site at Breast Cancer Action (at the BCA location of my choice) in the winter of 2010. I understand that my individual interview will be recorded on an audio digital recorder. I will receive a copy of the interview transcript and will have the chance to remove or clarify information.

**Risks:** I understand that for my participation I will answer questions about my personal views and feelings about my experiences as a woman living with lymphoedema. I know that I do not have to answer any question that makes me feel uncomfortable, and I know that I am able to withdraw myself and my responses from the research project at any time.





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## Signature of Research Participant:

I have read the information provided for the study “**Framing Critical Health Messages on Exercise for Women Living with Lymphoedema**” as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Signature of Witness** (*needed in the case where a participant is illiterate, visually impaired, etc.*):

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## Signature of Researcher:

\_\_\_\_\_  
Name of Researcher (please print)

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date