

CONSENT FORM

Exploration of Smoker's Perceptions of Sleep, Smoking and a Sleep Intervention for Insomnia

If you agree with the following statements, please click 'yes' below.

PLEASE CONFIRM THAT YOU:

- Are 18 years of age or over Yes No
- Are a regular smoker (≥ 5 cigarettes per day for at least 3 months) that has previously engaged in a quit attempt or recently quit/quitting smoker (< 12 months) Yes No
- Speak English as a first language or have a similar level of fluency. Yes No

PLEASE CONFIRM THAT YOU HAVE:

- Been given sufficient information about the study. Yes No
- Had an opportunity to ask questions and discuss this study, and received satisfactory answers to all of the questions you asked Yes No
- Received enough information about the study for you to make a decision about participation? Yes No

DO YOU UNDERSTAND THAT YOU MAY:

- Withdraw from the study at any time without having to give a reason? Yes No

I HEREBY FULLY AND FREELY CONSENT TO MY PARTICIPATION IN THIS STUDY

- I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information statement in the previous section [V1.0 07.09.21] Yes No
- I understand and acknowledge that the investigation is designed to promote scientific knowledge. I understand that personal information collected during the study may be looked at by individuals from the University of Bristol, regulatory authorities or the funding body of the above study. I give permission for these individuals to have access to personal information under conditions of confidentiality. Yes No
- I understand that the anonymized study data collected from me as part of the study will be made available as "open data". Yes No
- I understand that the anonymized study data (interview and survey) collected for this study may be used in future research projects but that the conditions on this form under which I have provided the data will still apply. Yes No
- I agree to the University of Bristol keeping and processing the personal information that I have provided during the study. I understand that my consent is conditional upon the University complying with its duties and obligations under the General Data Protection Yes No

Regulation (GDPR) and the Data Protection Act (DPA) 2018. I also understand that after the study, anonymized study data will be made available as “open data”. This means the anonymized study data will be publicly available and may be used for purposes not related to this study. I also understand that these data will be anonymized and it will not be possible to identify me from these data.

- I consent to take part in this study**
- I do not consent to take part in this study**

If you have any concerns related to your participation in this study please direct them to the School of Psychological Science Research Ethics Committee, via Liam McKervey (Email: liam.mckervey@bristol.ac.uk).