

## Talking about your health experience

invites you to take part in an interview about your health and healthcare. Your participation is voluntary. This means you do not have to take part in any of these activities.

This sheet tells you what taking part involves. This will help you to decide if you want to take part.

will use what you tell us in our project. This project aims to:

The purpose of the interview is to learn more about your experience of health and healthcare so we can make change to improve it.

Part or all of what you say may appear in public reports and resources that we produce as part of the this project. You will NOT be identified by name. Any videos will not be shown other than at events described below.

### What is involved?

You'll take part in a face to face interview. The aim is to learn about your experience of health and healthcare. It will take between 1-2 hours.

You'll talk with *Interviewer Name*, whose role is Interviewer Role. may ask questions about things like noticing a change in your health, seeking medical assistance, diagnosis, treatment, living with your condition and your experience of health services.

may ask about what has worked well in your healthcare, and what may be improved.

We want you to tell us your story in your way. However, if you would like to you can request a list of possible questions beforehand.

**Talking about these topics could be upsetting.** Please only talk about things you feel comfortable to talk about. If you'd rather not answer a question or questions, that's fine. You can stop the interview any time.

We will record the interview with a video camera. After the interview, we will edit the video into a shorter version (about 10 minutes). We will focus on the

'touchpoints' of your experience where either you had high or low points in your experience.

You will be able to review this and check that you are happy for us to use the video. The video will be shown at future staff, patient and combined events related to this project to allow participants to understand your experience using your words and emotions.

We will record the interview with a voice recorder. After the interview, we will convert this into a transcript. We will focus on the 'touchpoints' of your experience where either you had high or low points in your experience. The content of the interview may also be analysed so we can depict your story as a patient experience journey map.

You will be able to review this and check that you are happy for us to use those elements. You may be quoted as per the records in the transcript. These may be shown or played at future staff, patient and combined events related to this project to allow participants to understand your experience using your words and emotions.

If the details of your interview are to be used for any other purpose than described above we will come back to you for your consent.

### **What if I change my mind?**

You can withdraw from the project at any time. Please be aware that if you withdraw *after* you approve the final record of your interview, your story may already have been used for the project.

### **What if my story includes a difficult experience?**

It can be upsetting to share a story about a difficult health experience. Before you decide to take part you may like to:

- Talk about it with your health consumer organisation.
- Talk about it with someone you trust.
- Let us know so we can explore providing additional support.

**The method used in this project is used internationally and particularly in the United Kingdom where it was developed.**

### **Consent for interview and Audio/Video Recording**

This consent form tells \_\_\_\_\_ that you understand and agree to being interviewed and recorded. Please tick the following if appropriate:

I have read and understood the information sheet about this project and have had the opportunity to ask questions

I understand that my comments (or part of them) may be used in different formats such as video, paper and/or electronic to share with others for the benefits of designing services that are based on patient experience

I understand that my participation is voluntary and I am free to withdraw at any time

I know that I can ask for any comments I have made on tape, or in writing or on film to be removed

I understand that any of my comments used may be transcribed and will appear anonymously.

**I agree to take part in the above project.**

Yes       No

Signing below indicates you agree.

Patient Name:

Interviewer Name:

Signature:

Signature:

Date:

Date: