

## TIME Sleep Quality Sub-study: Informed Consent Form

(Standard yes/no tick box format)

I confirm that I have read and understood the *information sheet* for the above sub-study. I have had the opportunity to consider the information and ask questions, and have had these answered satisfactorily. Y/N

I understand that I will be sent emails asking me to complete an online questionnaire about sleep quality. Y/N

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. If I withdraw I understand that the sponsor will retain the data collected up to the point I withdraw. Y/N

I agree to take part in the TIME Sleep Quality Sub-study Y/N

Please enter your name to confirm that you have read the information sheet and answered the questions above. By entering the following information this will be equivalent to your signature on this consent form.

Forename

Surname

I have read, ☐ answered and understood all of the above questions and understand this is an electronic signature