



## **PARTICIPANT CONSENT FORM**

Research ethics approval number: 14543

### **CANNABIS USAGE FOR THE SELF-MANAGEMENT OF CHRONIC PELVIC PAIN: AN ONLINE QUESTIONNAIRE.**

Name of researchers: Dr Nicola Tempest and Dr Aisha Anwar

1. I confirm that I have read and have understood the information sheet provided for the above study.
2. I understand that taking part in the study involves completing this questionnaire.
3. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.
4. I understand that the information I provide is completely anonymous, therefore, after completing the questionnaire I will no longer be able to request access to or withdrawal of the information I provide.
5. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool.
6. By completing the online questionnaire, I agree to take part in the above study.

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