# Consent form

**Title of study: Investment in prevention (Evaluation of targeted prevention of cardiovascular disease in primary care)**

I confirm that I have read and understood the participant information sheet for this study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.

I agree to take part in the study.

I confirm that I am happy to have my interview recorded and transcribed.

I confirm that I give permission to use direct quotations.

I understand that I can give or refuse permission to use individual photographs taken as part of the study in reports/publications. I understand that permission to include my photos will be agreed on a photo-by-photo basis after the interview.

Name of Interviewee [please print]_____

Signature _____ Date _____(day)/_____(month)/____(year)

Name of Researcher [please print]_____

Signature _____ Date _____(day)/_____(month)/____(year)