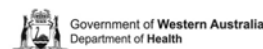

CENTRE FOR CLINICAL RESEARCH IN NEUROPSYCHIATRY



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SLEEP-WAKE PATTERN DISTURBANCES IN SCHIZOPHRENIA

Chief Investigator: Dr Flavie Waters Phone number: 9347 6550
Director of Centre: Professor Assen Jablensky Phone number: 9347 6429

Our research project has a focus on sleep disturbances which are frequently reported by people diagnosed with a psychiatric disorder. Sleep difficulties can cause distress and interference with daily activities. Our study aims to understand better the sleep-wake patterns of individuals diagnosed with schizophrenia, and the problems associated with disrupted sleep cycles. The study also aims to examine the variability of sleep difficulties in the biological relatives of individuals with schizophrenia, and in individuals who have never suffered from schizophrenia.

What does participation in the study involve?

If you decide to participate, we will ask you to:

- Wear a special watch (called an 'actiwatch') at home, for a period of 4 weeks, night and day. This watch is comfortable to wear, and will not disrupt your activities or routines. The watch measures your motor activity, and the amount of light exposure in your home. This information will be used to obtain an accurate measurement of your rest-activity levels during night and day, from which we can infer the amount, and quality, of your sleep.
- Fill some questions about your habitual routines, such as bed and wake times, or periods of low-activity (on computer or watching TV). This will enable us to interpret the information provided by the actiwatch. You will also be asked to complete, at the end of every day, questions regarding your levels of mood and psychological symptoms for that particular day. The diary and questions will take less than 5 minutes per day.
- Complete one interview regarding your experience of any psychological symptoms during your lifetime (e.g. anxiety, depression, experience of psychotic symptoms, use of drugs and alcohol). The length of the interview is about 30 minutes. Strict confidentiality will be maintained at all times.
- Complete questionnaires about sleep quality (total 15 minutes).

You will be asked to see you 3 times:

Session 1: for informed consent, the clinical interview, and explanation on the use of the actiwatch and diary (approx 1 hr).

Session 2 (on week 2): to complete a set of questionnaires and checking on the functioning of watches and use of diary (approx 30 mins).

Session 3: (on week 4) to collect the watch and diary.

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CONSENT FORM

Chief Investigator: Dr Flavie Waters Phone number: 9347 6550
Director of Centre: Professor Assen Jablensky Phone number: 9224 6429

Thank you for agreeing to take part in our study on sleep. All the information that you provide will be kept strictly confidential and will not be released by the investigators unless required to do so by law. Information gathered during the course of the project will only be used for research and the data published in scientific journals will not reveal your identity. Please read carefully the following, ask the attending researcher any additional questions you may have, and sign the form.

I understand that all information provided by me is treated as strictly confidential and will not be released by the investigators unless required to do so by law. If published, research data will not identify any family or person by name.

I have read and understood the study Information Sheet and I have been given a copy of it. I have been given the opportunity to ask questions about the study. I understand that I may withdraw from the study at any time without affecting mine, or my relatives' future medical treatment.

- I, (please print name) _____ have read the Information Sheet, and the questions I have asked have been answered clearly.
- I agree to participate in this research, knowing that I may stop at anytime.
- I understand that I may keep a copy of this Consent Form.
- I agree that research data gathered for the study with my participation can be published as long as my name, or any identifying data, is not used in any publication.
- I agree that research data gathered for the study with my participation can be utilised in future research projects approved by the Institutional Ethics Committee, as long as my name, or any identifying data, is not used in publications from such projects.
- I agree that additional research data can be gathered from case notes and administrative health databases.

Do you allow us to contact one of your family members (mother/father/sibling) and to send an identical questionnaire? YES / NO

If yes, please provide their name (and relationship to self): _____

Contact details: _____

Signature of Participant: _____ Date: _____

Signature of Interviewer: _____ Date: _____

Further information or complaints may be directed to the Chief Investigator, Dr Flavie Waters (9347 6650; Flavie.Waters@health.wa.gov.au. This project has been approved by the Ethics Committee of the North Metropolitan Area Health Services, and any concerns can also be addressed directly to The Secretary, North Metropolitan Area Mental Health Services Human Research Ethics Committee, Private Mail Bag No 1, Claremont WA 6910 – (9347 6618)