

**The Department of
Health Sciences**

Our ref [JM]

[Date]

[Addressee]

York Trials Unit
Lower Ground Floor
ARRC Building
University of York
Heslington
York YO10 5DD

Direct line (01904) 32 [XXXX]
Email: gyy-trial@york.ac.uk
www.york.ac.uk/healthsciences

Dear [INSERT PARTICIPANT TITLE AND SURNAME]

The Gentle Years Yoga Trial

[INSERT IF POSTAL COLLECTION: Thank you for returning your baseline questionnaire to York Trials Unit at the University of York.]

[INSERT IF TELEPHONE COLLECTION: Thank you for completing your baseline questionnaire via telephone call with a member of York Trials Unit at the University of York.]

[INSERT ONE OF THE FOLLOWING PARAGRAPHS DEPENDING ON RANDOMISATION ALLOCATION:

We are pleased to confirm that you are eligible to participate in this research and have been randomly allocated to receive up to 12 sessions of the Gentle Years Yoga programme. Please see details of your yoga instructor and of your first class at the end of this letter. Your name and contact details have been passed onto your allocated teacher who may contact you before the first class to discuss any arrangements that may need to be made to make the class fully accessible to you. Please note, your teacher would like you to complete a health questionnaire. [INSERT IF RETURNING DURING FACE TO FACE YOGA: Please complete the enclosed questionnaire and take it to your first yoga class.] [INSERT IF USING POSTAL COLLECTION: Please complete the enclosed questionnaire and return this to your yoga teacher by using the stamped and addressed envelope provided.]

[INSERT IF USING WEBLINK: Please complete this by following the link on the class information sheet enclosed.]

[INSERT IF USING TELEPHONE COLLECTION: Your teacher will be in touch with you by telephone to collect this information.]

This will be for their own teaching and safety purposes and will not be used as trial documentation.

We are pleased to confirm that you are eligible to participate in this research and have been randomly allocated to continue to receive your usual care. Being part of the usual care group is just as important in terms of the research. This is because we currently do not know whether the intervention is best overall or whether it may suit one type of person better than another.]

[INSERT IF ALLOCATED TO RECEIVE 12 MONTH YOGA CLASS:

In addition, you have been randomly allocated to receive a one-off yoga class in 12 months' time, after the final questionnaire has been completed. We will contact you nearer the time with details of the class(es) that will be available to you.]

Your unique study participant ID number is [INSERT TRIAL ID] which will be quoted on all questionnaires completed by you.

Please find enclosed a diary to record your health service use. It is important that we monitor your health over the next year. Therefore during this time we will ask you to complete three questionnaires. These will be made available for you to complete in 3 months', 6 months', and 12 months' time. For each questionnaire, we will send you [£5/a £5 voucher] as a thank you for taking part. Having an up to date diary will aid you in answering these questionnaires.

If you experience any serious health problems over the next 12 months then please do contact the study team as soon as is possible (contact details given above). Please also contact us if you have any untoward medical occurrence that you think is related to your involvement in the study.

Please inform us if you move to a new address while you are taking part in the study.

Please contact me if you have any queries regarding your allocation.

The information you provide is very important to us.

Thank you for supporting this study.

Yours Sincerely

[INSERT TRIAL COORDINATOR NAME]

This study is funded by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) programme. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.



[INSERT IF ASSIGNED TO RECEIVE THE INTERVENTION:]

Class Information Sheet

Yoga Teacher Name: [Insert Name]

Yoga Teacher Contact Number: [Insert Contact Number]

Date of First Class: [Insert Date of First Class]

Dates of Subsequent Classes: [Insert Dates of Subsequent Classes]

Time of First Class: [Insert Time of First Class]

Location of First Class: [Insert Location of Classes]

Other: [IF FACE TO FACE YOGA: Insert information related to getting to the classes, parking instructions, directions, any sign in procedures] [IF ONLINE YOGA: Insert information related to using online video conferencing] [IF COLLECTING HEALTH INFORMATION ONLINE: Insert link to health questionnaire sheet]