**Note: All elements of this form must be addressed, however it must be specific to your study.**

**PARTICIPANT’S INFORMATION LEAFLET & INFORMED**

**CONSENT FOR ANONYMOUS QUESTIONNAIRES**

**Researchers’ names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Numbers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are a group of postgraduate students in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, University of Pretoria. You are invited to volunteer to participate in our research project on [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

This letter gives information to help you to decide if you want to take part in this study. Before you agree you should fully understand what is involved. If you do not understand the information or have any other questions, do not hesitate to ask us. You should not agree to take part unless you are completely happy about what we expect of you.

The purpose of the study is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like you to complete a questionnaire. This may take about \_\_\_\_\_\_\_\_\_\_minutes.

We will collect the questionnaire from you before you leave the meeting area. It will be kept in a safe place to ensure confidentiality. Please do not write your name on the questionnaire.

We will (not) be available to help you with the questionnaire or to fill it in on your behalf.

**[Refer to sensitive questions regarding e.g. social habits. Should your questionnaire have sensitive questions, warn patients/participants that they need not answer questions that are of a sensitive nature to them]**

The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria has granted written approval for this study.

Your participation in this study is voluntary. You can decline to participate or stop at any time without giving any reason. As you do not write your name on the questionnaire, you give us the information anonymously. Once you have given the questionnaire back to us, you cannot recall your consent as we will not be able to trace your specific questionnaire. Therefore, you will also not be identified as a participant in any publication that comes from this study.

**Note: The implication of submitting the questionnaire is that informed consent has been given by you. Thus any information derived from your form (which will be totally anonymous) may be used for e.g. publication, by the researchers.**

We sincerely appreciate your help.

Yours truly,

|  |  |
| --- | --- |
| **STUDY IDENTIFICATION NUMBER** |  |
| **PARTICIPANT IDENTIFICATION NUMBER** |  |

**Questionnaire**

You will have to fill the following questionnaire if you decide to join the study. Please do not complete the section if you are unsure of the required information. The project PI is available to explain all sections.

**Essential information (required)**

 Answering the questions is completely voluntary and participants may leave out any questions that make them feel uncomfortable. This data will be used anonymously in our network and your privacy will be protected to the best of our ability.