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| **Participant Information Sheet for answering the Questionnaire** |
| □ Original □ Revise No. .................................... Revise Date ............/............/............ |

**Dear Respondents,**

My name is ………………………………. , the principal investigator, would like to invite you to participate in my research entitle “……………………………..…………………………………………………”. This research project aims to (explain briefly about the research objectives) ........................................................……..

You are invited to participate in this research project because you (explain briefly about the reason to be recruited) ……………………………………... There will be approximately ……….. participants, and the research project will last for …………. months.

**If you decide to participate in the research project, you will go through these procedures:**

You are invited to answer the self-administered questionnaire. The questionnaire consists of ………. questions and it will take **about ………………minutes to complete this questionnaire.** On completion, please return the questionnaire in a box provided.

In filling out questionnaires, the likely risks include uneasiness or discomfort due to some questions and in filling out questionnaires; the likely risks include stress due to some questions. In those cases, you have the right not to reply.

As a participant of this study, there will be no financial compensation given to you or that will require you to pay anything. If relevant information arises about benefits and risks of the research project, I will inform you immediately and without concealment.

**If you have any questions about the research procedures, you can contact …………………………........**

**…………………………………. Telephone number: ……………………………….**

Your private information will be kept confidential, it will not be subject to an individual disclosure, but will be disseminated as part of the overall results. Individual information may be examined by groups of persons e.g. funding organizations, ethics committee, etc.

You have the right to withdraw from the project at any time without prior notice. And the refusal to participate or the withdrawal from the research project will not at all effect on the treatment that you will receive.

On the condition that you are not treated as indicated in this information sheet, you can contact the Chair of Mahidol University Central Institutional Review Board (MU-CIRB) at the office of MU-CIRB, Research Administration Division, Office of the President, Mahidol University, Tel 66-2-8496224-5 and Fax 66-2-8496224.

If you decide to answer this questionnaire, please check the box below;

□ I confirm that I am over 18 years old and willing to answer this questionnaire.

Thank you very much for your participation