Example of statement to include on the first page online questionnaire

If the researcher prepares and submits the online questionnaire (print screen). Put it in a Word file and save as a PDF file with the same content as the Details of the clarification section of the paper questionnaire

1. Research Project Name: Specify the name of the research project.
   Name of researcher
   (Advisor's name and contact information (In case the researcher is a student)
   Affiliation/Faculty/University
2. Objective: Briefly explain the purpose of using this questionnaire.
3. The need to participate, Qualifications of participating volunteer,s Number of research project participants /Inclusion criteria /exclusion criteria
4. Description of the questionnaire
   - Explain what a questionnaire is. And for what purpose is it used?
   - Specify what questions this questionnaire will include. And how many parts and how many questions? How many minutes does it take in total to answer?
5. Suggestions for answering:
   - Explain how to answer the questionnaire.

- Explain the meaning of each level of options.

6. Confidentiality:
    - It states that all information will be kept confidential and used for research purposes only.
    - Describe methods for data preservation and data destruction after the research ends.

7. Respondent's rights:
    - Inform that answering the questionnaire is voluntary.
    - Specify that respondents can stop or withdraw from completing the survey anytime. without affecting the Educational evaluation or rights, other things
8. Benefits and risks:
    - Explain the benefits you may receive from completing the questionnaire.
    - Report any potential risks (for example, you may feel uncomfortable answering some questions).

example

- Benefits that volunteers will receive For example, participation in this research has no direct benefit to you. But the research results will be used……
- Risks that volunteers will take For example, you may waste about 10 minutes answering the questionnaire. Some questions may make you feel uncomfortable, embarrassed,

or worried. You do not have to answer any questions that you are uncomfortable with.

- There must be a message. “To join or not to join? There is no effect on (.....studying, rights you will receive under the law, standard care, employment/work,....)

9. Help:

    - Indicate if you feel uncomfortable or need help. Who can I contact (such as the researcher or the university counseling unit) or the Department of Mental Health hotline?

example

- Measures to prevent danger. For example, no personally identifiable information will be collected by completing this survey and will be accessible only to the research team. Presentation of research results will be an overall presentation only. No personally identifiable information will be disclosed.
- Measures for caring for volunteers For example, if you want to request advice from an agency…. (e.g. Department of Mental Health, smoking cessation hotline, hotline…..) You can contact us at the number……

10. Response Time: Provides the estimated time it will take to complete the questionnaire.

11. Contact information:

- Name of research project person ……..
  Faculty …….. Tel: ……..
  E-mail:……..

- **Address: Office of the Human Research Ethics Committee, Naresuan University.**

<table>
<tr><td>Panel1</td><td colspan="3">Health Science Subject Group</td><td rowspan="5">Research and Innovation Division Standard and network management work Human Research Ethics Committee, 4th floor, Mahathammaracha Building Naresuan University Number 99 Village No. 9, Tha Pho Subdistrict, Mueang Phitsanulok District Phitsanulok Province 65000</td></tr>
<tr><td>phone.</td><td>055-968752</td><td>Email</td><td>nu-irb-board1@nu.ac.th</td></tr>
<tr><td>Panel 2</td><td colspan="3">Science Technology Subject Group Humanities and Social Sciences</td></tr>
<tr><td>phone.</td><td>055-968642</td><td>Email</td><td>nu-irb-board2@nu.ac.th</td></tr>
<tr><td>Panel3</td><td colspan="3">Medical science subject group</td></tr>
<tr><td>phone.</td><td>055-965296</td><td>Email</td><td>nu-irb-board3@nu.ac.th</td><td>Office of the Human Research Ethics Committee Medical Science Group, 3rd Floor, Sirindhorn Building, Naresuan University Hospital Number 99 Village No. 9, Tha Pho</td></tr>
</table>

	Subdistrict, Mueang Phitsanulok District Phitsanulok Province 65000

12. Consent:
    - It states that answering the questionnaire is considered consent to use the data in research.

<u>Other suggestions</u>

- Please provide a checkbox to indicate whether the participant meets all eligibility criteria for the research study
  - ☐ Complete
  - ☐ Incomplete
- Please provide a checkbox to indicate the participant's consent to participate in the research study
  - ☐ Agree
  - ☐ Disagree
- Thank you: Express your appreciation for your cooperation in answering the questionnaire. When volunteers submit a questionnaire

For the research project involving questions about mental health with Naresuan University students

The researcher needs to provide channels for receiving psychological services. At the end of the questionnaire, such as

- Department of Mental Health hotline 1323
- Student Affairs Division Naresuan University 055-9611221

- Outpatient department Department of Psychiatry 055-965703
- Page “Take care of your heart by NU nurse”
- Page “NU Friendzone Clinic” etc. where students can receive services.