

Participant information sheet

Institute/university (*Use only if applicable*)

Name of the project

We would like to invite you to participate in a research project. Please read this leaflet carefully, and if you have any questions about the survey do not hesitate to ask from the researcher. Feel free to discuss the project with your family or friends before you make a decision on participating.

Introduction

This is a study about _____.

This research project is collaboration between _____.

This research project is funded by the _____.

This project has been approved by the Research Ethics Committee of Bandaranaike Memorial Ayurveda Research Institute, Nawinna, Maharagama.

Why have I been invited?

You have been selected for this study because _____.

Must I take part?

No. Participation is entirely voluntary. There is no obligation for you to take part, and if you do not want to take part, this will have no effect on your medical care, or affect you in any other way. It is also possible for you to withdraw from the interview or withdraw data at any point without giving any reasons and without any penalty. As we are conducting this research to improve knowledge about the _____ in Sri Lanka, we would greatly appreciate your participation.

What will the research involve? (*the procedure needs to be explained*)

We will ask you to take part in _____.

Are there any risks?

(Indicate any potential risks and psychological stresses)

Are there any benefits?

You will be paid/will not be benefited by participating in this study. However, information gathered from this study would help to develop new interventions. Therefore, similar patients or society may benefit in future. Compensation will be paid for research related injuries/ additional expenses to the participants will be covered, i.e. Rs. _____ for traveling.

Will the information I give stay confidential?

Yes, all information you give is strictly confidential. The information you give may be used for a research report or publications, but it will not be possible to identify you in any way from this.

If we find that you may be having a significant health related issue, we will suggest and direct you to the necessary health care providers, but only with your permission (use only if applicable)

If you have any further questions please ask:

Investigators: _____

Telephone : _____

If you have any complaints about this research or its conduct please contact:

Secretary, Research Ethics Committee,

Bandaranaike Memorial Ayurveda Research Institute, Nawinna, Maharagama

Phone number: +94(11)2850333 (please contact during working hrs 9.30 a.m. – 2.30 p.m.)

E-mail: ercbmari@gmail.com