

Informed Consent Agreement

Participant Name:

Date of Birth:

Study Title:

Purpose of the Study

This document provides information about the study you have been invited to participate in. Please read the following information carefully before agreeing to participate.

Procedures

You will be asked to participate in certain activities as part of this study. The procedures include:

- Completing questionnaires
- Participating in interviews
- Other study-related tasks

Risks and Benefits

The risks involved in this study are minimal. The direct benefit to you may be limited, but the information gathered may help future research.

Confidentiality

Your information will be kept confidential and will be used for research purposes only.

Right to Withdraw

Participation is voluntary. You may withdraw from the study at any time without penalty.

Contact Information

If you have questions about the study, please contact the research team at:

☐ I have read and understood the information above. I agree to participate in this study.

Participant Signature:

Date: