(Annexure-2)

Consent form: Part I – Information for the patient

Study title: .....

Dear Respondent**,**

Before you participate in this study, it is important for you to understand why this is being carried out. If you have any doubts regarding the procedure and purpose of the study or if you want more information, you are free to ask the contact person mentioned below.

What is the purpose of the study?

Why have you been chosen?

Do you have to take part?

What will happen to you if you take part?

What do you have to do?

What is the procedure or drug that is being tested?

What are the alternatives for diagnosis or treatment?

What are the possible benefits of taking part?

What are the possible disadvantages or risks of taking part?

What if new information becomes available?

Will your taking part in the study be kept confidential?

What will happen to the results of the study?

Who is organizing the research study?

Who has reviewed the study?

Contact for further information:

CONTACT PERSON**:**
Name of the Principal Investigator
Designation
Name of the Institute
(Phone and email ID of the Investigator)
Ph.: xxxxxxxx, Email-xxxxxxxxxxxxxxx

I wish to thank you for taking your time to participate in the study.

Date: Signature of investigator

Place: Signature of witness

Participant's name:

Address:

Title of the study: Action Research to study the effect of community-based palliative care program on the quality of life of the elderly in rural south India

The details of the study have been provided to me in writing and explained to me in my own mother tongue. I confirm that I have understood the purpose and procedure of the above study. I understand that my participation in the study is voluntary and that I am free to withdraw from the study at any time, without giving any reason whatsoever. I was assured that the result of the study will be used only for scientific purpose(s) and I will not restrict the use of the results. I have also received a copy of the consent form giving the "Information for participants of the study". I fully consent for my participation in the above mentioned study.

Signature/Left thumb impression of the participant: _____

Date: _____

Signature/Left thumb impression of the witness: _____

Date: _____