Respondent Information Sheet and Informed Consent Form

FORM 2.4: RESPONDENT'S INFORMATION SHEET AND INFORMED CONSENT FORM

Please read the following information carefully and do not hesitate to discuss any questions you may have with the researcher.

1. STUDY TITLE :
Effectiveness of Diabetes Health Literacy Intervention Based on Social Cognitive Theory on Glycaemic Control among Type 2 Diabetes Mellitus patients in Kuala Selangor District.

2. INTRODUCTION:
Health literacy is the ability to use health information for a particular purpose of improving the management of health. The increase in health literacy can enable patients to improve the knowledge that will manage the treatment of the illness more affectively.
The study aimed to test he effectiveness of education materials that has been developed to improve the health literacy of diabetic patients who are at various stage of health literacy. The increase of health literacy among diabetic patients will help them manage the diabetes treatment management better.

3. WHAT WILL YOU HAVE TO DO?

i) You have to answer the provided questionnaire
ii) You have to take part in this study by:
   a. Listening to the presentation on the educational material.
   b. Allowing your blood to be taken TWO (2) times before the study conducted, and 6 months after the study conducted.

4. WHO SHOULD NOT PARTICIPATE IN THE STUDY?
Since the contents in this study in Bahasa Malaysia only, respondents who does not understand Bahasa Malaysia will be excluded from this study, participants who a non-malaysian citizen, participants who a diagnoses by attending doctor with mentally ill, hearing, vision impairment and drug abuser.

5. WHAT WILL BE THE BENEFITS OF THE STUDY:

(a) TO YOU AS THE SUBJECT?

As the participants, you will be able to get information regarding Type 2 Diabetes Mellitus treatment management that is suitable for you

(b) TO THE INVESTIGATOR?

Researcher will obtain information regarding various methods that are suitable to increase the health literacy and will help to improve the effectiveness of treatment management among diabetic patients.

6. WHAT ARE THE POSSIBLE RISKS?

There is no any possible risk, all respondent's questionnaire will be treated confidentially

7. WILL THE INFORMATION THAT YOU PROVIDE AND YOUR IDENTITY REMAIN CONFIDENTIAL?

Yes, all information obtained from you for this study will be kept secretly confidential. There will be no names or personal contact taken; each respondent's questionnaire will be concealed and after filling the questionnaire, the data collected will be treated with utmost privacy The results of the study will be anonymous and are for research purpose only. The results maye be publish in a scientific journal but you will not be identifiable in any result we publish.

8. WHO SHOULD YOU CONTACT IF YOU HAVE ADDITIONAL QUESTIONS DURING THE COURSE OF THE RESEARCH?

Any questions regarding this study can be asked to one of the researchers listed below.

a. Researchers in Community Health Department, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia.

	Name	Telephone No	Email Address
1	Wan Farzana Fasya Binti Wan Hamdzan (GS48216)	017-6963409	Farzana_fasya@yahoo.com
2	Dr Suriani binti Ismail	019-2249828	Si_suriani@upm.edu.my
3	A.P Dr Muhamad Hanafiah bin Juni	013-6215276	Hanafiah_juni@upm.edu.my
4	Dr Hayati binti Kadir @ Shahar	012-9533071	hayatik@upm.edu.my

b. Researchers in Family Medicine Department, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia.

	Name	Telephone No	Email Address
1	A .P Dr Sazlina binti Shariff Ghazali	012-2325659	sazlina@upm.edu.my

Please initial here if you have read and understood the contents of this page _____

CONSENT

I …… Identity Card No. …… address…… ….. ……..hereby voluntarily agree to take part in the study questionnaire research stated above.

I have been informed about the nature of the research in terms of methodology, possible adverse effects and complications (as written in the Respondent's Information Sheet). I understand that I have the right to withdraw from this research at any time without giving any reason whatsoever. I also understand that this study is confidential and all information provided with regard to my identity will remain private and confidential.

I* wish / do not wish to know the results related to my participation in the research

I agree/do not agree that the images/photos/video recordings/voice recordings related to me be used in any form of publication or presentation (if applicable)

* delete where necessary

Signature ……..…… Respondent)

Date :……..…..

Signature ……..…….. (Witness)

Name :……..…...

I/C No. :……..…..

I confirm that I have explained to the respondent the nature and purpose of the above-mentioned research.

Date ……..…… Signature ……..…….. (Researcher)