

SMS TURKEY PHASE THREE RANDOMIZED CONTROLLED TRIAL (RCT): CONTROL GROUP CONSENT FORM

We hope that you chose to participate in this study. But, you are free in your decision to participate or not. Your decision is voluntary. Before you make a decision, we want to tell you about the study. After reading this information, if you still want to take part in the study, please sign the form.

Background / Purpose

The name of the study is: Cebiniz Birakin Diyor. The study is being conducted by Hacettepe University Medical Faculty Chest Department and the Hacettepe University Department of Public Health, in collaboration with Internet Solutions for Kids in the USA.

We have developed a program that sends participants email messages daily that provides information on how to quit smoking. We are conducting a pilot study of 75 adults living in Ankara who are currently smoking and want to quit to see if the program helps people quit smoking.

Procedures

You will set a Quit Day that is 15 days from today. From now until your Quit Day, you will receive email messages helping you get ready to quit smoking. From your Quit Day forward, you will receive email messages helping you quit smoking and stay quit. We will call you on your second day of quitting and again on the 7th day of your quitting to ask you how things are going. We also will ask you to complete a survey today on the Internet. We will ask you to return to the study office again 4-weeks from now, and finally 3-months from now to complete another survey online. The first survey will take you about 45 minutes to complete and the other two will be shorter.

Risks and discomforts

It is possible that you may not be successful in quitting smoking and that you may feel discouraged because of this. You also may become annoyed by the email messages.

Benefits

It is possible that this program may help you quit smoking. If it does, then your health will be greatly benefited.

If you smoke 10 cigarettes or more a day, we strongly suggest that in addition to this program, you talk to your doctor about medicines that you can take while trying to quit that will help you.

Compensation

We do not want you to pay us for participating in the survey. And, we will not pay you for participating in the survey.

Confidentiality

We will keep the information that you provide to us private.

All reports to medical journals and health professionals will use combined data so that no one will be able to tell what your answers were.

It is possible that someone may learn that you are in the study by reading the email messages on your mobile phone. If you do not want anyone to know that you are in the study, we suggest that you protect your mobile phone.

If your answers during the survey indicate that you are thinking about hurting yourself, the RA will be notified of your answer so that he or she can provide you with a referral to a mental health professional for immediate help. You will not be eligible to participate further in the smoking cessation study; this is so that you can focus on feeling better.

Rights of Refusal and Withdrawal

You can decide not to take part in this study. Taking part in the program will not hurt or harm you. If you don't want to take part in the study, you will not be harmed or benefited by the decision.

Participant declaration

Dr. Emri informed me about the consent form and told me that I am invited as a participant into the study. If I participate in the study, I know that privacy will be ensured. And I can leave the study for any reason. There is no fee for me to take part in the study.

If I have questions about the research study, I can contact:

- The principal investigator, Dr. Salih Emri, at +90 312 305 15 31 or +90 312 467 75 75

Nobody forced me to participate in this study. If I decide not to take part in the study, I will not be hurt, including my relationship with my doctor.

I understand all explanations and details and I have thought about taking part in the study and have decided surely to take part in the study. I accept the invitation to take part in this study.

A copy of this form will be provided to me.

Participant Name _____

Address _____

Phone number _____

Participant signature _____

Witness Name _____

Address _____

Phone number _____

Witness signature _____

Person Obtaining Consent Name _____

Address _____

Phone number _____

Signature _____