

Decoding how technology influences and can improve public health



SMS TURKEY PHASE ONE COMMUNITY-BASED QUESTIONNAIRE: CONSENT FORM

Title of Research Project: Ankara Adult Smoking Survey

We suggest that you 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.

The name of the study is: Ankara Adult Smoking Survey. The study is being conducted by Hacettepe University Medical Faculty Chest Department and the Hacettepe University Department of Public Health.

We are conducting a survey of 150 adults who are currently smoking and live in Ankara. Questions ask for detailed information about your smoking behavior and your technology uses (e.g., cell phone, internet). Questions also ask about why you started smoking, the number of cigarettes you smoke, etc.

Half of the participants will be asked to complete a paper-and-pen survey, and half will be asked to complete the survey on the computer. It will take about 30 minutes to complete the survey.

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

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

Participant declaration

Dr. Emri informed me about the consent form 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 explanation 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 with great pleasure.

A copy of this form will be provided to me.

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