Respondent ID:

Informed Consent

Assalamualaikum, I am Farzana Sharmin, a Postgraduate student at the Department of Physiotherapy and Rehabilitation at Jashore University of Science and Technology, Bangladesh. I am conducting a research which is about **"Efficacy of Neck muscle Activation versus Strengthening for adults with Chronic Cervical Radiculopathy: A Study Protocol for a Randomized Clinical Trial''**
The purpose of this study is to evaluate the role of activation or strengthening for cervical radiculopathy patients. I am going to give you information and invite you to be part of this research. You are requested to decide after reading the following.

To conduct my research, I would like to know some personal information that is closely related to your condition. It will take a maximum of 25-30 minutes. If you feel any type of discomfort or disturbances including physical, emotional, and social risks you can share them with me, or if you don't want to continue, I will stop the interview. Your participation is completely voluntary. It is your choice whether to participate or not and you will get no payment for taking part in this study. We will collect data from you on the 1st day at the center, after 5 weeks and 12 weeks at the center, at your home or in a convenient place.

Also, please read the Participant information sheet (PIS) for your concern about the intervention. I would also like to assure you that all data will be kept confidential and will not be used for any other purpose. During publication, your personal information will not be disclosed. You have the right to withdraw your participation at any time in your study without any negative consequences in your treatment. You also have the right to skip any question that you do not want to answer during the interview. So, I am requesting you be a part of this research.

If you have any queries about this research or your rights as a participant, you can contact the researcher FARZANA SHARMIN, (Phone no:……; email: ……).

If you wish, you can directly contact the Institutional Review Board regarding this research or any unaddressed issues (Phone no:……; email:……..…).

Do you have any questions before I start?

Yes/no:……

Consent of participants:

So, may I have your consent to proceed with the interview?

Yes ☐ I have read and I understand the provided information. I voluntarily agree to take part in this study.

No ☐

Before we start please answer the following questions: If the answe is YES – write YES in the gap and If the answer is NO – write NO in the gap.

1. Are you sure you have been adequately explained in this study? And you have the opportunity to consider the information, ask questions, and answer satisfactorily.

Ans:……..

2. Do you understand that your participation is voluntary and that you can withdraw from this study at any time without giving any reason?

Ans:……..

3. Do you understand that your data responses will be anonymized before analysis? Did you permit the researcher to have access to your anonymized responses? Do you understand that any direct quotes if selected for publication will be anonymized?

Ans:……..

4. Do you agree to the interview and that this interview will be recorded? All data will be collected so that it is stored in the data set and stored securely by researchers from Jashore University of Science and Technology (JUST).

Ans:……..

Signature of the participant and date: ……...

Signature of the investigator and date: ……

Signature of the witness and date: ……

Participant information sheet (PIS)

1) You will be recruited to the research during your normal treatment process.
2) Your participation will be voluntary, and you will not be paid.
3) We will provide added interventions with your usual care that you are paid for, but will NOT be charged extra for the additional service like activation or strengthening exercises.
4) We expect there will be no adverse effect, if you feel any kind of discomfort (including gastrointestinal, skin, musculoskeletal problems, etc.), Still we, the physiotherapist, will monitor the adverse effects according to the adverse effects checklist after the intervention. Also, we will screen for your safety.
5) You need to complete the entire course of the intervention, but you have the right to withdraw anytime in the study, by notifying us or without notification.