

Consent Form

Dear Guardian,

Purposive Selection

Your children have been purposively selected to be part of this thesis and this is why we would like to interview him/her. This study is being conducted by **TM Manjurul Islam**, a student of Department of Community Medicine at Bangladesh Institute of Health Sciences (BIHS). This type of study is currently taking place in several countries around the world.

Title of Thesis

The title of this study is “**Cardiovascular Diseases Risk factors in School children of urban and rural area of Bangladesh**”.

Aim of the Thesis

To determine the burden of cardiovascular diseases risk factors in school children of urban and rural area of Bangladesh

Data Collection Methods

Step 1- Interview questions

Step 2- Physical measurement of height, weight, hip circumference, waist circumference and blood pressure measurement

Timeframe

It is estimated that step 1 & 2 of this study will take approximately 30-40 minutes.

Confidentiality

The information provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Participant’s name, address, and other personal information will be removed from the instrument, and only a code will be used.

Results

The results of this study will be used to help plan strategies in reducing the risk factor that contribute to develop cardiovascular diseases among the children as well as chronic non-communicable diseases in Bangladesh.

The results will be published in research publications, media briefings and reports and can be made available to you by local health workers.

Voluntary Participation

Participation in this study is voluntary and your children can withdraw from the study after having agreed to participate. He/she is free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this study you may ask me or contact to the researcher [TM Manjurul Islam, Cell No.01710972498].

Consent to Participate

Signing this consent indicates that you understand what will be expected from the participants and you agree voluntarily to sign it

Read by Guardian		Interviewer	
Agreed		Refused	

Signatures

I hereby provide informed consent on behalf of my child to take part in this study.

Name of the participant:

Witness:

Name of the guardian:

Signature/fingerprint of guardian

Signature or fingerprint