

Approval Number: HEC 16-022

Participant ID: _____

CONSENT FORM**PROJECT TITLE: A community based cross-sectional study on the association between Vitamin B12 status and sleep quality**

I (the participant) have read (or, where appropriate, have had read to me) and understood the participant information statement and consent form, and any questions I have asked have been answered to my satisfaction. I agree to participate in the project, realising that I may withdraw at any time. I agree that research data provided by me or with my permission during the project may be included in a thesis, presented at conferences and published in journal on the condition that neither my name nor any other identifying information is used.

- I would like to receive a nutritional bio-marker assessment and individual results feedback after the conclusion of the study. I understand this means my coded data will be re-identified as this will allow the investigator to match my results to my name at the end of the study. The data will not remain identified for future use by the research team – this is simply for individual result reporting.**

This is a one week study. You are free to withdraw from the study at any time for the duration of the study. Please notify us and complete a withdrawal form if you wish to withdraw from the study.

Name of Participant (block letters):.....

Signature:.....

Date:.....

Name of Investigator (block letters): SURAFEL TEGEGNE

Signature:.....

Date:.....

Name of Senior Investigator (block letters):.....

Signature:.....

Date:.....

Participant number (investigator use only):

Participant is competent to give consent (investigator use only): YES / NO

Thank You for participating!