

INFORMED CONSENT FORM

Document Date: 22.04.2026

NCT: Not yet assigned

Title of the Study

Effect of a Visual Educational Intervention on Anticipatory Dental Anxiety in Children

Type of Study

Clinical research

Purpose of the Study

This study aims to evaluate whether a visual educational leaflet can help reduce dental anxiety in children before dental treatment.

Method of the Study

In this study, children will be divided into two groups. One group will receive a visual educational leaflet before dental treatment, while the other group will receive standard care without additional preparation. The leaflet includes child-friendly images of the dental clinic, dental instruments, and dental staff.

Before treatment, children will be asked to complete simple questionnaires about how they feel, and their heart rate will be measured using a small device attached to the finger. These measurements will help us understand their anxiety levels.

Possible Risks

The procedures used in this study are non-invasive and safe. Some children may feel mild stress or discomfort during dental treatment or while answering questions. No additional medical risk is expected from the intervention.

Expected Benefits

This study may help improve methods to reduce dental anxiety in children, making dental visits more comfortable and less stressful.

Duration of the Study

Approximately 6 months

Study Location

Istanbul University Faculty of Dentistry, Department of Pediatric Dentistry

Volunteer Rights

Participation in this study is voluntary. You may refuse participation or withdraw your child at any time without affecting their treatment. All personal data will remain confidential.

Consent Statement

I have read and understood the information above. I voluntarily agree for my child to participate in this study.

Participant's Name–Surname / Signature / Date / Address

Name–Surname of a qualified member of the research team / Signature / Date

Name–Surname of the witness to the consent process / Signature / Date / Address / Telephone

Number

Legal Representative – Mother/Father / Name–Surname / Signature / Date / Address /

Telephone Number