

Official Study Title:

The Effect of Music Played During the Angiography Procedure on Patients' Anxiety Levels and Vital Signs

ClinicalTrials.gov Identifier (NCT Number):

NCT Pending

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Informed Consent Form

Document Date:

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Sponsor / Responsible Party:

Yuksekt Ihtisas University

Faculty of Health Sciences

Department of Nursing

INFORMED CONSENT FORM

You are invited to participate in the research study entitled **“The Effect of Music Played During the Angiography Procedure on Patients’ Anxiety Levels and Vital Signs”**, conducted by **Dilara Kevran**. Participation in this study will require approximately 5–10 minutes of your time. Participation is entirely voluntary.

In order for the study to achieve its purpose, you are expected to answer all questions completely, honestly, and without any pressure or influence, by selecting the responses that best reflect your own views. By reading and approving this form, you indicate that you agree to participate in the study. However, you have the right not to participate or to withdraw from the study at any time after participation has begun, without any penalty.

All information obtained from this study will be used solely for research purposes, and your personal information will be kept confidential.

If you need additional information now or at a later time beyond what is provided here, you may ask the researcher directly or contact her via e-mail at selmaadilaraa@gmail.com. If you wish to receive the general or individual results of the study after its completion, please inform the researcher.

I have read the information above, which is required to be provided to participants prior to participation, and I understand the scope and purpose of the study as well as the responsibilities I voluntarily undertake by participating. Written and verbal explanations regarding the study have been provided by the researcher named above.

Under these conditions, I voluntarily agree to participate in this research study of my own free will, without any pressure or coercion.

Participant

Full Name:

Signature:

Contact Information: