

**Official Title of the Study:**

[THE EFFECT OF MOBILE APP SUPPORT BASED ON TRANSITION THEORY ON ANXIETY, FETAL BONDING, AND MARITAL ADJUSTMENT AMONG EXPECTANT FATHERS]

**NCT Number:**

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Protocol and Informed Consent Form

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[12 December 2025]

## INFORMED CONSENT FORM

### PLEASE READ CAREFULLY!!!

You have been invited to take part in this study. Before agreeing to take part, you must understand the purpose of the study and make your decision freely after receiving this information. Please read this information, which has been prepared specifically for you, carefully and ask for clear answers to any questions you may have.

#### What is the name of this study?

The Effect of Mobile App Support Based on Transition Theory Provided to Expectant Fathers on Anxiety, Fetal Bonding and Marital Adjustment

#### What is the aim of this study?

This study aims to determine the effect of a pregnancy information booklet provided to expectant fathers on their pregnancy-related anxiety, their feelings towards the baby, and their marital harmony with their partner.

#### What will the study involve?

If you agree to take part in the study, you will be sent an online pregnancy information booklet which you can read throughout your pregnancy. Before the booklet is sent, you will be asked to complete a number of online questionnaires, including a questionnaire on anxiety, a questionnaire on your feelings towards the foetus, and a questionnaire on marital harmony. The questionnaires will be repeated after 8 weeks to assess whether there has been any change.

#### What is the likelihood of being randomly assigned to different treatment groups?

There is no such possibility.

#### How much time will this take?

Approximately 8 weeks

#### What is the estimated number of volunteers expected to take part in the study?

96

**What will happen to the biological samples taken from you (blood, urine and tissue samples) and where will the analyses be carried out? (If the analyses are to be carried out abroad, the destination to which the biological samples will be sent must be specified),**

No such biological material will be collected.

#### What is expected of you? What are your responsibilities?

If you agree to take part in the study, you will be expected to read the pregnancy information booklet throughout your pregnancy and to complete the questionnaires sent to you in full.

#### What benefits will you gain from participating in the study?

If you agree to take part in the study, you will be kept informed throughout your pregnancy thanks to the pregnancy information booklet.

#### Under what circumstances might your participation in the study be terminated?

You have the right to decline to take part in this study or, if you do take part, to withdraw at any stage of the study, even if you have given your written consent. Your decision not to take part will in no way adversely affect the care you receive here. Furthermore, you may be excluded from the study by the researcher regardless of your wishes.

#### Could taking part in the study cause you any harm?

No

#### What happens if you do not wish to take part?

If you do not wish to take part in the study, or if you decide to withdraw from the study at any stage, you will not face any penalties, legal sanctions or loss of the rights you held prior to the start of the study. Your data will not be used.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>What alternative options are available to you?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| <b>Will I be paid for taking part in this study?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| <b>Will I have to pay any fees for taking part in this study?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| You, or any public or private institution or organisation under whose cover you are, will not be required to pay for any tests, physical examinations or other research costs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |
| <b>What personal data and personal health data belonging to you will be used in this study?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 1) Your age:<br>2) Your educational background?<br>a) Literate                      b) Primary education   c) Sixth form                      d) University<br>3) What is your employment status?<br>a) I am in employment (Your job:?????.?????..)                      b) I am not in employment<br>4) Do you have social security cover?<br>a) Yes                      b) No<br>5) What is your income situation?<br>a) My income is less than my expenditure                      b) Income equals expenditure   c) Income is greater than expenditure<br>6) What is the main characteristic of the place where you have lived the longest?<br>a) Village/town                      b) City<br>7) Was your partner's pregnancy planned/wanted?<br>a) Yes                      b) No<br>8) Your partner's current week of pregnancy:<br>9) Is this your first experience of fatherhood?<br>a) Yes                      b) No                                                                                                                                                                                         |                          |
| <b>Confidentiality of information:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| All your personal and medical information will remain confidential and will be used solely for scientific purposes. Your identity will remain confidential even if the research findings are published. Records that could reveal your identity will be kept confidential and will not be disclosed to the public; your identity will remain confidential even if the research findings are published. Personal data collected as part of the research will be collected and processed in accordance with the Personal Data Protection Act No. 6698; it will not be used or shared for any purpose other than the purpose of collection or processing; the data will be destroyed upon the volunteer's withdrawal of consent, the conclusion of the research, or the cessation of the processing of personal data; the personal data collected will not be shared with supporting, contracted research organisations or their affiliates; and the service in question will be conducted in accordance with the Regulation on Personal Health Data, the Good Clinical Practice Guidelines and the applicable legislation. |                          |
| <b>Contact details of the person responsible for this study</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| <b>1- First name, surname:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Duygu GÜLEÇ ŞATIR</b> |
| <b>2- Contact telephone number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>554 247 7904</b>      |
| <b>3- Place of work:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Ege University</b>    |

**Consent to Participate in the Study:**

I have read and listened to the information set out above, which must be provided to the volunteer before the study begins. I have asked the researcher any questions that came to mind, and I fully understand all the explanations provided to me, both in writing and verbally. I have been given sufficient time to decide whether or not to participate in the study. Under these conditions, I authorise the principal investigator to review, transfer and process my medical information, and I accept the invitation to participate in this study of my own free will, without any coercion or pressure. I consent to the use of all my personal data and all my personal health data obtained within the scope of the clinical trial for scientific research. I am aware that I am participating in the trial voluntarily and that I may withdraw from the trial at any time, with or without cause. I accept the conditions set out under the heading 'Confidentiality of Information'.

I am aware that by signing this form, I will not forfeit the rights granted to me under local law.

I am aware that I will be provided with a signed and dated copy of the informed consent form.

| THE VOLUNTEER'S      |  | SIGNATURE |
|----------------------|--|-----------|
| FIRST NAME & SURNAME |  |           |
| ADDRESS              |  |           |
| TELEPHONE            |  |           |
| DATE                 |  |           |

| For those under parental authority or guardianship, the signature of the parent or guardian |  | SIGNATURE |
|---------------------------------------------------------------------------------------------|--|-----------|
| FIRST NAME & SURNAME                                                                        |  |           |
| ADDRESS                                                                                     |  |           |
| TELEPHONE                                                                                   |  |           |
| DATE                                                                                        |  |           |

| The signature of a qualified researcher who is a member of the research team and who has provided information about the research |  | SIGNATURE |
|----------------------------------------------------------------------------------------------------------------------------------|--|-----------|
| FIRST NAME & SURNAME                                                                                                             |  |           |
| ADDRESS                                                                                                                          |  |           |
| TELEPHONE                                                                                                                        |  |           |
| DATE                                                                                                                             |  |           |