

Document: Informed Consent  
Form

Official Study Title:  
Impact of Digital Muscle  
Strength on Activity in Tech-  
Addicted University Students

Document Date: April  
01, 2024

# **INFORMED CONSENT FORM FOR RESEARCH PROJECT**

## **IMPACT OF DIGITAL MUSCLE STRENGTH ON ACTIVITY IN TECH-ADDICTED UNIVERSITY STUDENTS**

### **BACKGROUND AND PURPOSE**

This study aims to objectively demonstrate the effect of physical inactivity due to technology addiction on muscle strength loss in university students using digital muscle strength measurement.

### **WHAT DOES PARTICIPATION ENTAIL?**

It is your responsibility to answer the questions related to this research as accurately as possible and to complete the questionnaire in full. There is no risk to you in this study. The expected benefits for you include gaining information about body image during pregnancy and increasing your awareness of your body. There is no alternative questionnaire to replace this survey. If any harm arises as a result of the study, its treatment will be provided by the responsible investigator, and any resulting costs will be covered by the researchers.

### **POSSIBLE BENEFITS AND DISADVANTAGES**

Any developments during the study that may concern you will be promptly communicated to you or your legal representative. You can contact the researchers for additional information about the study, or for any issues, adverse effects, or other discomforts you may experience. You will not receive any payment for participating in this study; moreover, all examinations, tests, and medical care services within the scope of this research will be provided at no cost to you or your social security institution.

### **VOLUNTARY PARTICIPATION AND WITHDRAWAL OF CONSENT**

Participation in this research is entirely voluntary. You may refuse to participate or withdraw from the study at any time; doing so will not result in any penalty or affect your benefits. The investigator may remove you from the study, with or without your consent, if you fail to comply with the questionnaire procedures, disrupt the study schedule, or for reasons such as improving the effectiveness of the questionnaire. The results of the research will be used for scientific purposes; even if you withdraw from the study or are removed by the investigator, your medical data may still be used for scientific purposes if necessary. All your medical and personal information will be kept confidential, and your identity will not be disclosed even if the research is published. However, study monitors, auditors, ethics committees, and official authorities may access your medical information when required. You also have the right to access your own medical information at any time.

#### WHAT HAPPENS WITH YOUR INFORMATION?

The results and all information related to you will be used solely for the purposes outlined in the study. All data and test results will be anonymized, with only a code linking you to your information. This code is stored separately from the data. All information will be kept strictly confidential and will not be shared. When the study results are published, individual participants will not be identifiable.

#### APPROVAL AND QUESTIONS

The project is approved by the Ondokuz Mayıs Üniversitesi Klinik Araştırma Etik Kurulu (2023/437).

Questions can be addressed to:

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# STATEMENT OF CONSENT

## I WANT TO PARTICIPATE IN THE PROJECT

The results and all information related to you will be used solely for the purposes of this study conducted by Ondokuz Mayıs University and to contribute to scientific knowledge. All data and test results will be anonymized, with only a code linking you to your information. This code is stored separately from the data. All information will be kept strictly confidential and will not be shared. When the study results are published, individual participants will not be identifiable.

Place and date:

Participant's signature:

Participant's name in printed letters Mobile number: \_\_\_\_\_

Alternative mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail 2: \_\_\_\_\_

Address: \_\_\_\_\_

Next of kin/friend: \_\_\_\_\_