Full Title: Metabolic Responses of Diet–Exercise Combinations in Women with Obesity: A Comparative Lifestyle Intervention Study with Different Diet Types

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İnstitution : Fırat University

INFORMED CONSENT FORM

STUDY TITLE (FULL TITLE OF THE STUDY) Metabolic Responses to Diet-Exercise Combinations in Obese Women: A Comparative Lifestyle Intervention Study with Different Diet Types

Volunteer's Initials << _____ >>

You are being asked to participate in a research study. Before deciding whether to participate, it is important that you understand why the research is being conducted, how your information will be used, what the study involves, the potential benefits, risks, and any concerns you may have. Please take the time to read the information below carefully and, if you wish, discuss this with your doctor or family physician. You cannot take part in this study if you are participating in another study.

DO I HAVE TO PARTICIPATE IN THIS STUDY?

The decision to participate in the study is entirely yours. If you decide to participate, you will be given this Informed Consent Form to sign. If you decide to participate, you are free to withdraw from the study at any time. You will not be held responsible for any consequences arising from your refusal to participate or your subsequent withdrawal, and this will not affect the standard of care you receive.

WHAT IS THE SUBJECT AND PURPOSE OF THE STUDY?

This study is conducted as part of a scientific thesis project. The purpose is to investigate the metabolic responses, efficacy, and outcomes of different diet and exercise combinations implemented as lifestyle interventions in women with obesity.

WORKING PROCEDURES

Before the study, you, as a participant, will be thoroughly informed and included in the study. A customized nutrition and lifestyle plan will be created specifically for you to minimize potential risks.

As part of the analysis, a total of two 5 ml blood samples will be collected from you: one prior to participation for baseline storage/analysis, and one at the end of the study. Blood collection will be performed by Nurse Merve BEYARSLAN. In case of any adverse situation, Dr. Neslihan KIRTEPE (Emergency Physician at Fethi Sekin Hospital) will be present.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

While the personalized nutrition plan aims to keep risks minimal, certain dietary interventions and procedures may cause side effects, particularly in long-term applications:

- **Nutritional & Metabolic Risks:** Amino acid deficiencies, potential muscle mass loss, and a rise in LDL (bad cholesterol) levels due to high-fat dietary structures may occur. In ketogenic approaches, high fiber restriction may lead to withdrawal symptoms. Phytic acid, found highly in grains and legumes, may temporarily inhibit the absorption of calcium, magnesium, and iron.

- **Dietary Symptoms:** Intermittent or extreme symptoms such as rapid/prolonged fasting effects, initial fatigue, temporary confusion, or irritability related to altered brain fuel mechanisms may be experienced.
- **Blood Collection Risks:** You may experience slight discomfort, a very low risk of localized bleeding in the vein/duct, or a minor risk of temporary fever during or after blood collection.

FINANCIAL INFORMATION & PARTICIPANT FEES

No fees will be charged to you, or any official/private institution under your guarantee, for the examinations, tests, and interventions conducted within the scope of this study. Similarly, you will not receive any financial payment or compensation for your participation in this research.

CONFIDENTIALITY AND USE OF RECORDS

All records and data obtained from this study will be kept strictly confidential. The data will be monitored and supervised exclusively by the responsible physician and dietitian, and will not be used or shared outside of the designated research rooms. The findings will be used for scientific publications of specified quality and thesis availability, ensuring that your personal identification details are never disclosed.

CONTACT INFORMATION

To obtain further documentation or to ask any questions regarding the distribution of information about this study, you can contact **Vedat ÇINAR** at **+90 532 207 00 65**.

PARTICIPANT'S (VOLUNTEER'S) STATEMENT

I have been fully informed about the general objectives, structure, and purpose of the study titled *"Metabolic Responses to Diet-Exercise Combinations in Obese Women: A Comparative Lifestyle Intervention Study with Different Diet Types"*. A detailed explanation of the procedures, possible risks, and discomforts has been given to me, and I fully understand them.

I understand that my participation is entirely voluntary and that I retain the right to withdraw at any stage without giving a reason, provided I inform the responsible researcher. I acknowledge that I will receive a signed sample of this informed consent form.

Volunteer / Participant:

- **Name & Surname:** _____
- **Signature:** _____
- **Date:** _____ / ____ / 2023

Researcher Who Obtained Consent:

- **Name & Surname:** _____
- **Signature:** _____
- **Date:** _____ / ____ / 2023