



**Department of Psychiatry | The University of Hong Kong**  
**Consent Form**

**The Effectiveness of Repetitive Transcranial Magnetic Stimulation (rTMS) on Improving Sleep Quality in Adults Without Serious Mental Illness**

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Department of Psychiatry, Faculty of Medicine, The University of Hong Kong

- |   |  |                          |
|---|--|--------------------------|
| 1 | The participant has read and understood the information sheet for the study dated<br>___ / ___ / ___, and have had the opportunity to ask questions.   | <input type="checkbox"/> |
| 2 | The participant understands that participation is voluntary, and that one may withdraw at any time without providing any reason, and without affecting our medical care or legal rights.   | <input type="checkbox"/> |
| 3 | The participant understands that in relation to this study, personnel from the Department of Psychiatry of The University of Hong Kong, The University of Hong Kong itself, the Institutional Review Board of the University of Hong Kong/ Hospital Authority Hong Kong West Cluster, or regulatory authorities may access the participant's medical records. The participant gives permission for such individuals to access these records. | <input type="checkbox"/> |
| 4 | The participant is required to undergo <b>six</b> sessions of repetitive transcranial magnetic stimulation (rTMS) and gives permission/authorization for researchers to administer the rTMS.   | <input type="checkbox"/> |
| 5 | The participant agrees that the researchers may contact us in the future using the contact details provided in this study for related research purposes.   | <input type="checkbox"/> |
| 6 | All procedures involved in the study are provided free of charge.  | <input type="checkbox"/> |
| 7 | There are no conflicts of interest regarding the use of the rTMS machine in this study that influenced the design, implementation, or interpretation of the research.  | <input type="checkbox"/> |

\_\_\_\_\_  
Name of the participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of the researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature