

**INSTITUTIONAL ETHICS COMMITTEE**  
**HM PATEL CENTRE FOR MEDICAL CARE AND EDUCATION, KARAMSAD**

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**RESEARCH PARTICIPANT INTERVIEW GUIDE**

Protocol No.: \_\_\_\_\_

Research Participant ID No.: \_\_\_\_\_

Date on which interviewed: \_\_\_\_\_

1. Are you aware of the clinical trial in which you are participating? Yes/ No
  
2. How did you come to know of this clinical trial?  
\_\_\_\_\_
  
3. When did you enter into this clinical trial? Date/ Period: \_\_\_\_\_
  
4. Who is the contact person and do you have his/her contact number?  
\_\_\_\_\_
  
5. Are you convinced with the information given before you gave your consent? Yes/ No
  
6. Did your family members agree for your participation in this trial? Yes/ No
7. Are you aware of the benefits and risks out of this? Yes/ No
  
- If yes:
8. Please mention the important benefits:
  
  
9. Please mention the risks involved in this:
  
  
10. Are you aware of the insurance policy included in this trial? Yes/ No
  
11. Are you aware of an Institutional Ethics Committee overlooking your rights in the trial? Yes/ No
  
12. If yes, do you have its contact number and address? Yes/ No
  
13. Were you informed that refusal to take part in this study will not have any impact on your current treatment? Yes/ No

**Signature with date**