

Annex 1: reducing anxiety and depression in infertility among Nigerian women: an intervention trial [radiant] study

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Informed consent form

Purpose and benefit	We would like to ask you to participate in a study to evaluate the symptoms of anxiety and depression among women who are having some challenges with infertility. We would like to ask you some questions and to complete some questionnaires at three points: today, and then after 3 weeks and lastly at 6 weeks. The questions and discussions may help you to feel better afterwards, and we will be available to answer any questions or clarify any areas that are unclear to you. We hope to use this information to better understand the challenges and coping methods of women undergoing these experiences in order to plan how to intervene or provide better support in the future.
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Procedures	Participants will be requested to respond to a few questionnaires and have a discussion with the researchers at three time-intervals. We are interested in understanding your experiences, emotional feelings as well as level of functioning and family interactions.
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Confidentiality	We will make every effort to keep your responses confidential. We will not record your name and will make sure that none of the information you give can be linked to you by others. We may request for your phone number for the purpose of sending you reminders about your follow-up interviews, but this information will be deleted as soon as the study is completed.
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Risk, stress, or discomfort	If you feel uncomfortable answering any questions, you may skip the question without answering. If you wish to end the discussion at any time, you may do so. The interviews should not take more than 20 - 30 minutes to complete; while those who may come for discussions, should not take more than 45 minutes to 1 hour at the most.
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Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, this will have no effect on you, your work or clinic attendance in any way. If you choose to participate, you can indicate your written consent by signing below:

Signature of Respondent: Date.....