

This informed consent form is for patients going for cataract surgery selected from Ophthalmology clinic at University of Nigeria Teaching Hospital Ituku Ozalla, and who I am inviting to participate in the research. The title of the study is “Effect of music on preoperative/intraoperative anxiety in patients undergoing cataract surgery in the University of Nigeria Teaching Hospital Ituku Ozalla”. I DR CHUKWUBUIKE OBIORA EZEPU, a Senior Registrar in the Department of Ophthalmology, University of Nigeria Teaching Hospital, Ituku Ozalla, invite you to participate in this study. Before you decide, you can talk to anyone you feel comfortable with about this research, and feel free to ask any question and you will be clarified.

PURPOSE OF THE STUDY: The purpose of the study is to find out the effect of preferred music on preoperative/intraoperative anxiety in patients undergoing cataract surgery.

VOLUNTARY PARTICIPATION: It is your choice whether to participate or not. Whether you choose to participate or not, all the services you receive in this hospital will continue and nothing will change. You may wish to withdraw from participation at any time if you wish.

STUDY PROCEDURE:

You will be asked a few questions pertaining history of allergies, co-morbid conditions, and any medical history. You would also be asked to choose your preferred music and will be asked to either listen to the music throughout the surgical procedure with an earphone or put on the earphone throughout the procedure without listening to any music. Some clinical examinations

would also be carried out which includes checking your tear secretion, pupil size, blood pressure, pulse and respiratory rate. You would also be asked to fill some questionnaire intermittently.

RISKS: Participating in this study will not expose you to any other extra risk.

CONFIDENTIALITY: All the information obtained from this study will be kept confidential.

BENEFITS: You will not pay any extra cost if you participate. The result will help in providing better management for anxiety.

FEEDBACK: The researcher will be available at all times to answer your questions and share the results from this study. You can contact the researcher; Dr Ezepue Chukwubuike O on 07039810277.

RESPONSE: I have read and understood all the above information and it has been fully explained to me. I have had the opportunity to ask questions which have been answered to my satisfaction. I consent voluntarily to participate in the study.

PARTICIPANT

RESEARCHER

NAME=

NAME.....

SIGNATURE.....

SIGNATURE.....=

WITNESS NAME/SIGNATURE.....