

**Associate Professor
Tran Thien Thuan**

Head of Department of Medical
Psychology and Health
Education
Faculty of Public Health
University of Medicine and
Pharmacy at Ho Chi Minh City
Cellphone:: +84 908 119 686
Email: ttthuanytcc@ump.edu.vn

Dr. Le Truong Giang

President of the Public Health
Association at Ho Chi Minh City
Former Director of HIV/AIDS prevention
center in Ho Chi Minh City
Cellphone:: +84 913806466
Email: letruonggiang05@gmail.com

Lê Nữ Thanh Uyên

Lecturer in the Department
of Community Health
Faculty of Public Health
University of Medicine and
Pharmacy at Ho Chi Minh
City

ĐC1: 217 Hong Bang street, district 5
ĐC2: 159 Hung Phu street, district 8
Cell phone: +84 903 313 359
Email: lenuthanhuyen@ump.edu.vn
lenuthanhuyen@gmail.com

CONSENT TO PARTICIPATE IN STUDY FORM

My name is, [fill in name], agreed to participate in the study

Research title: **Effectiveness of text message reminder and motivational interview on adherence to methadone treatment in Ho Chi Minh City, Vietnam**

When I agreed, I understood that:

1. The study procedure and duration have been explained to me including any inconveniences, risks, discomforts or side effects, effects and any questions I had about the study were answered satisfactorily.
2. I have read the Research Participant Information Statement and have had the opportunity to discuss the information and my participation in this study with the investigators.
3. I understand that participating in this study is voluntary – I am not being forced to agree to participate.
4. I understand that my participation is completely confidential. I understand that the data collected from this study may be published but that no personal information about me will be used to identify others.
5. I understand that I can withdraw from the study at any time without affecting my relationship with the investigators or the clinic now or in the future.
6. I understand that I can stop the interview at any time if I do not want to continue and the information provided will not be used in the research.

7. I agree

- Provide clinical information Yes ☐ No ☐

If you answered YES please provide you patient number _____

- Receive consultation and text messages after 3 months and 6 months Yes ☐ No ☐

- Get feedback Yes ☐ No ☐

If you answered YES, please provide your contact information

Effectiveness of text message reminder and motivational interview on adherence to methadone treatment in Ho Chi Minh City, Vietnam.

Consent to participate in study form

Email: _____

Your number: _____

Your number of your family member: _____

.....
Signature

.....
Please FILL in your name

...../...../.....
dd/mm/yyyy