CONSENT FORM FOR PARTICIPATION IN RESEARCH

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1. INTRODUCTION

We are inviting you to participate in this research study because you have been diagnosed with knee osteoarthritis (KOA) in hospitals and primary health care center in Malang. The goal of this study is to improve functional activity patients. Your answers and participation will be anonymous - no one willask you to write your name on any part of the questionnaire. Data analysis will group all respondentsto protect anonymity, and the findings will be used to improve health services at your society.

2. YOUR PARTICIPATION IS VOLUNTARY

Your participation is entirely voluntary, so it is up to you to decide whether or not to take part in this study. Before you decide, it is important for you to understand what the research involves. This consent form will tell you about the study, why the research is being done, what will happen to you during the study and the possible benefits, risks and discomforts. If you wish to participate, you will be asked to sign this form. If you do decide to take part in this study, you are still free to withdraw at any time and without giving any reasons for your decision. If you do not wish to participate, you do not have to provide any reason for your decision not to participate nor will you lose the benefit of any medical care to which you are entitled or are presently receiving. Please take time to read the following information carefully and to discuss it with your family, friends, and doctor before you decide.

3. WHO IS CONDUCTING THE STUDY?

Principal Investigator, **Rakhmad Rosadi**, is conducting the study. The PrincipalInvestigator does not have any actual or potential conflicts of interest and will not receive financialcompensation for enrolling subjects into this study.

4. WHO CAN PARTICIPATE IN THE STUDY?

Participants should be diagnosed with KOA and be age minimum of 50 years-old.

5. WHAT DOES THE STUDY INVOLVE?

This study will take place at Puskesmas Dinoyo, Puskesmas Kendalkerep, RST Soepraoen and RS UMM in Malang and will involve 2 volunteer subjects. You will receive routine treatment for ART not different from that of standard treatment. During your stay some information collected could include your medical conditions and qualityof life informations but would never include anything that would allow you to be identified by name. If you decide not to take part in the study your care will not be affected.

6. WHAT ARE MY RESPONSIBILITIES?

This is an intervention study and does not require your direct participation, other than the release of your information for research purposes.

7. WHAT ARE THE POSSIBLE HARMS AND SIDE EFFECTS OF PARTICIPATING?
There areno risks associated with this study. The information the participants reveal will not affect their healthcare of the support given to them.

8. WHAT ARE THE BENEFITS OF PARTICIPATING IN THIS STUDY?
No one knows whether or not you will benefit from this study. There may or may not be direct benefits to you from taking part in this study. We hope that the information learned from this study can be used in the future to benefit other people with KOA.

9. WHAT HAPPENS IF I DECIDE TO WITHDRAW MY CONSENT TO PARTICIPATE?
Your participation in this research is entirely voluntary. You may withdraw from this study at any time. If you decide to enter the study and to withdraw at any time in the future, there will be no penalty or loss of benefits to which you are otherwise entitled, and your future medical care will not be affected. If you choose to enter the study and then decide to withdraw at a later time, all data collected about you during your enrolment in the study will be excluded for analysis upon request.

10. REMUNERATION/COMPENSATION
Subjects will be not paid for their participation in this study.

11. WILL MY TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?
Your confidentiality will be respected. No information that discloses your identity will be released or published without your specific consent to the disclosure. At the conclusion of the study, questionnaire and electronic file of the questionniare will be kept and locked in the office of the principle investigator for 10 years, and no other person will have access to the date other than the principle investigator. After 10 years, the paper copy of questionnaire will be threaded up and electronic copy of data will be deleted, and the disk medium will be reformated.

12. WHO DO I CONTACT IF I HAVE QUESTIONS OR CONCERNS ABOUT MY RIGHTS AS A SUBJECT DURING THE STUDY?
If you have any questions or desire further information about this study before or during participation, you can contact **Mr. Rakhmad Rosadi** at **+6285132478799**

CONSENT STATEMENT

I ….....
being over the age of 50 years hereby consent to participate as requested in this research project

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I am aware that I should retain a copy of the Consent Form for future reference.
4. I understand that:
    - I may not directly benefit from taking part in this research.
    - I am free to withdraw from the project at any time and am free to decline to answer particular questions without disadvantage
    - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
    - Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.

Participant's signature……Date……...

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.
Researcher's name <u>Rakhmad Rosadi</u>

Researcher's signature……..Date…….