INFORMED CONSENT FORM

Project Title: Evaluation on the Impact of Different Kava Intake Amounts and Frequencies on Sleep Quality and Anxiety Levels in the Region of Vanuatu

Principal Investigator: Dr. Cheng Long
Department: Department of Anesthesiology, National Hospital of Vanuatu
Contact: +678 5310325 / +86 18701592095

1. Purpose of the Study

You are invited to take part in a research study. The purpose of this study will be to explore the relationship between Kava drinking habits (amount and frequency) and the sleep quality and anxiety levels of adults in Port Vila, Vanuatu.

2. What Will Happen

If you agree to participate, a trained researcher will interview you face-to-face in Bislama for about 15-20 minutes. We will ask you questions about:

- Your background (age, gender, occupation, etc.).
- Your Kava drinking habits (how often, how much, and how long).
- Your sleep quality (using the PSQI scale) and anxiety levels (using the HAMA/STAI scales).
- Other lifestyle factors (drinking history, coffee intake, stress).
  This is an observational study; we will only collect information and will not ask you to take any medication or change your habits.

3. Risks and Benefits

There is no physical risk to you. You may feel slight discomfort answering personal questions, and you may skip any question you do not want to answer. There will be no direct personal benefit to you, but your answers will help us understand the health effects of Kava in your community.

4. Privacy and Confidentiality

Your privacy will be strictly protected. Your name will be replaced with a unique code. All data will be kept securely in a password-protected database that only the research team can access.

5. Voluntary Participation

Your participation is completely voluntary. You can choose not to participate, or you can stop the interview at any time without giving a reason. This will not affect your medical care or any services you receive.

6. Special Requirement

To ensure you fully understand this consent, you must not be under the influence of Kava when signing this form.

CONSENT STATEMENT

I have read and understood the information above (or it has been read and explained to me in Bislama). I have had the chance to ask questions. I understand that my participation is voluntary and I can withdraw at any time. I confirm that I am not currently under the influence of Kava, and I agree to participate in this study.

Participant:

Name (Print): _____

Signature / Thumbprint: _____

Date: _____

Witness (If applicable):

Name (Print): _____

Signature: _____

Date: _____

Researcher:

Name (Print): _____

Signature: _____

Date: _____