

**Consent Form (For Subject and Proxy)**



For Official Use

**Project title:**

SAFE-PHASE, 2015

**Principal Investigator with the contact number and organization:**

**Principal Investigator:**

Assoc. Prof. Angelique Chan

Program in Health Services and Systems Research, Duke-NUS Graduate Medical School,  
8 College Road Singapore 169857

Telephone: 65165685

Email: [angelique.chan@duke-nus.edu.sg](mailto:angelique.chan@duke-nus.edu.sg)

**Co- Principal Investigator:**

Asst. Prof. Rahul Malhotra

Program in Health Services and Systems Research, Duke-NUS Graduate Medical School,  
8 College Road Singapore 169857

Telephone: 65166721

Email: [rahul.malhotra@duke-nus.edu.sg](mailto:rahul.malhotra@duke-nus.edu.sg)

I hereby acknowledge that:

1. My signature is my acknowledgement that I have agreed to take part in the following sections of the above research. (Please Check)
  - a. Main Questionnaire only \_\_\_\_\_
  - b. Main Questionnaire, and Anthropometric & Performance Measurements \_\_\_\_\_
2. I may be contacted again for future research. \_\_\_\_\_
3. I have received a copy of this information sheet that explains the use of my data in this research. I understand its contents and agree to provide my data for the use of this research.
4. I can withdraw from the research at any point of time by informing the Interviewer and all my data will be discarded.

\* This research has been explained to me in \_\_\_\_\_ (state language), which I

understand, by \_\_\_\_\_ (name of interviewer) on \_\_\_\_\_ (date).

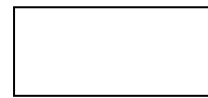
\_\_\_\_\_  
Name and Signature/Thumbprint (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature (Interviewer)

\_\_\_\_\_  
Date

**Consent Form (For Next-of-kin)**



For Official Use

**Project title:**

SAFE-PHASE, 2015

**Principal Investigator with the contact number and organization:**

**Principal Investigator:**

Assoc. Prof. Angelique Chan

Program in Health Services and Systems Research, Duke-NUS Graduate Medical School,  
8 College Road Singapore 169857

Telephone: 65165685

Email: [angelique.chan@duke-nus.edu.sg](mailto:angelique.chan@duke-nus.edu.sg)

**Co- Principal Investigator:**

Asst. Prof. Rahul Malhotra

Program in Health Services and Systems Research, Duke-NUS Graduate Medical School,  
8 College Road Singapore 169857

Telephone: 65166721

Email: [rahul.malhotra@duke-nus.edu.sg](mailto:rahul.malhotra@duke-nus.edu.sg)

I hereby acknowledge that:

1. My signature is my acknowledgement that I have agreed to take part in the following sections of the above research.
2. I have received a pamphlet (or a copy of this information sheet) that explains the use of my data in this research. I understand its contents and agree to provide my data for the use of this research.
3. I can withdraw from the research at any point of time by informing the Interviewer and all my data will be discarded.

\* This research has been explained to me in \_\_\_\_\_ (state language), which I

understand, by \_\_\_\_\_ (name of interviewer) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Name and Signature (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature (Interviewer)

\_\_\_\_\_  
Date