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The above document describing the benefits, risks and procedures for the research title (Quality of life among patients with epilepsy attending to the Krole-bu Teaching Hospital (KBTH) has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

\_\_\_\_\_

\_\_\_\_\_

Date

Name and signature or mark of volunteer

**If volunteers cannot read the form themselves, a witness must sign here:**

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

\_\_\_\_\_

\_\_\_\_\_

Date

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

\_\_\_\_\_

\_\_\_\_\_

Date