

Appendix B: Participant consent form

Related to 'Nutrition and Pregnancy'

- I have read the information letter. I could also ask questions. My questions have been answered correctly. I had enough time to decide whether to participate.
- I know that participation is voluntary. I also know that I can decide at any time not to participate in the study. Or to stop. Then I don't have to say why I want to stop.
- I give the researchers permission to collect and use my data. The researchers only do this to answer the research question of this study.
- I know some people can view all my data to check the research. These people are listed in this information letter. I give these people permission to view my data for this check.
- Would you like to tick yes or no below?

| | | |
|--|------------------------------|-----------------------------|
| I give permission to be asked after this study whether I would like to participate in a follow-up study. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

- I want to participate in this study.

My name is (subject):

Signature:

Date : __ / __ / __

I declare that I have fully informed this subject about the said research.

Name of the researcher (or his representative):.....

Signature:.....

Date: __ / __ / __

<if applicable>

Additional information has been provided by:

Name:.....

Function:.....

Signature:.....

Date: __ / __ / __

The subject will receive a complete information letter, together with a signed version of the consent form.