**Mobile Health Intervention among Heart Failure Patients**

**Informed Consent Form**

**Faculty of Nursing and Midwifery, Ziauddin University**

Effectiveness of Nursing Intervention through Mobile App to improve Self-Care Ability of Heart Failure Patients.

**Students**

**Informed Consent Form**

**Title:** Effectiveness of Nursing Intervention through Mobile App to improve Self-Care Ability of Heart Failure Patients.

**Principal Investigator:** Mr. Shahzad Bashir

PhD student, Ziauddin University Faculty of Nursing and Midwifery, Karachi

**Organization:** Ziauddin group of Hospitals (Clifton & North Nazim Abad) Karachi.

**Purpose of the study**

You are being asked to participate in a research study designed to find out the Effectiveness of Nursing Intervention through Mobile App to improve Self-Care Ability of Heart Failure Patients at Ziauddin group of Hospitals (Clifton & North Nazim Abad) Karachi Pakistan. It will help the heart failure patients to enhance their self-care ability to prevent from further complications.

**Possible Risk/Discomfort**

There are no expected risks of participating in this research study. If you feel any risk/discomfort from being in the study, you can decline and may terminate your involvement at any time.

**Benefits of being in the study**

The study will train you for the self-care management of heart failure. There are no direct benefits to you for participation in this research. Your contribution will help in knowledge generation in the area of study.

**Financial Considerations**

There is no financial compensation for your participation in this research. You don't have to pay to take part in this study; you will not get money to be part of this study.

**Confidentiality**

The confidentiality and anonymity of the study participants will be maintained throughout the research process. This study is anonymous. The participants and their information will have code numbers instead of names. Your name and identity will remain confidential during data collection, data analysis, and time of publication. The records will strictly be kept confidential in a locked file and computer with a pin code. Your signed consent form will be stored in a cabinet separate from the data. The primary investigator will not include any information in any report or publication that would make it possible to identify.

**Termination of Research Study**

Participation in the study is completely voluntary. You will have the full right to refuse participation, withdraw from the study at any time, and refuse to answer any question without any penalty.

**Available Sources of Information**

Any further questions you have about this study will be answered by the Principal Investigator: Mr. Shahzad Bashir.

Student of Doctor of Philosophy in Nursing at Faculty of Nursing and Midwifery, Ziauddin University.

Contact # 0346-1594640 E-mail: [Shahzad\_shams125@yahoo.com](mailto:Shahzad_shams125@yahoo.com)

**Authorization**

I have read and understood this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal faults of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable federal, state, or local laws.

Participant Name (Optional):

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature of Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date