

## Consent for Research

I am Mrs. ----- giving my consent to participate the study which is conducted by Mrs. Dhanya Nair PhD Nursing student. I understand that I will be the part of research study that will focus on finding out the effect of planned intervention on grief and coping strategies of mothers of children with selected chronic illness.

I understand that I will be asked some questions related to my experience of grief and coping strategies. I also understand that the researcher will provide me an information booklet regarding my child's illness.

I am aware that Mrs. Dhanya Nair will teach me relaxation therapy. There simple relaxation techniques which will take 30-45 minutes. I also know that every three days she will contact me and will conduct the relaxation therapy.

I assure that the participation in this study is entirely voluntary and informed clearly that even after the intervention begin; I have the right to refuse to answer the question or not to participate in the study. I have been told that my answers will not be disclosed anywhere and no reports of this study will ever identify me in any way.

Date:

Respondent's Signature:

Researcher's signature

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I understand that I will be asked some questions related to my experience of grief and coping strategies. I am willing to participate in the study.

Date:

Respondent's Signature:

Researcher's signature