

## CONSENT FORM

**Title of Project:** *Randomized control trial for effectiveness of acupressure to improve sleep among hemodialysis patients having CKD associated pruritus*

**Name of Researchers:**

**Please initial box**

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected.
3. I agree to have the focus group discussion recorded.
4. I agree to take part in the above study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date