

# Adverse Childhood Experiences International Questionnaire (ACE-IQ) Consent Form

Dear Participant

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## Random selection

You have been randomly selected to be part of this survey and this is why we would like to interview you. This survey is conducted by the [*name of institution*] on behalf of the World Health Organization (WHO) and will be carried out by professional interviewers from [*name of institution*]. This survey is currently taking place in several countries around the world.

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## Confidentiality

For the purposes of the ACE-IQ the information you provide is totally confidential and will not be disclosed to anyone. It will only be used for research purposes. Your name and address will not be required and will not be recorded for the ACE-IQ.

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## Voluntary participation

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any questions about this survey you may ask me or contact [*name of institution and contact details*] or [*Principal Investigator at site*].

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## Consent to participate

Signing this consent form indicates that you understand what will be expected of you and are willing to participate in this survey.

*(Please indicate below whether this form was read by the participant or the interviewer, and then whether consent was agreed or refused).*

Read by Participant		Read by Interviewer	
Agreed		Refused	

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## Signatures

I hereby provide INFORMED CONSENT to take part in the Adverse Childhood Experiences International Questionnaire.

Participant signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Sign: \_\_\_\_\_