



State of Israel
Mental Health Division
Ministry of Health

**Explanation Sheet for Participants in Result Indices Study on Behalf of the
Ministry of Health**

We are turning to you with a request to participate in a study conducted on behalf of the Rehabilitation Department of the Mental Health Division at the Ministry of Health, in cooperation with the Laszlo N. Tauber Foundation, performed by the University of Haifa.

The aim of the study is to learn about your experiences and needs as a person that consumes rehabilitation services and to assess the impact and contribution of the various rehabilitative services provided today as part of the rehabilitation entitlements. The purposes of the foregoing include promotion and development of the Ministry of Health's policy regarding rehabilitation services and the persons that consume such services.

The study is based, among other matters, on completion of a questionnaire once a year during the upcoming 5 years.

The questionnaire deals with various aspects of life and we ask that you answer it genuinely. The questionnaire has no correct or incorrect answers and if you are not certain as to the answer you should provide, you may ask the interviewer to clarify the question for you.

Completion of the questionnaire takes about thirty minutes.

If due to, or during, completion of the questionnaire, you feel uncomfortable, you are free to stop your participation in the study at any time and if you feel you need to speak with someone, you may turn to the interviewer, who will refer you to the proper persons that may assist you.

Whether or not you choose to participate in the study – it is clarified that proper treatment will not be prevented from you.

**Informed Consent to Participation in Result Indices Study on Behalf of the
Ministry of Health**

I, the undersigned,

First and last name:	
ID number:	
Address:	Postal code:

A) Hereby declare that I agree to participate in the study as specified in this document.

B) Hereby declare that it has been explained to me by:

Name of explainer:

- (1) That approval for performance of the study has been received from the proper entities.
- (2) That the study is performed by the University of Haifa on behalf of the Ministry of Health regarding assessment of outputs and results of community rehabilitation services. The study is based, among other matters, on completion of a questionnaire every year during 5 years and on processing of the information obtained from the questionnaires.
- (3) That for the purpose of turning to me for completion of the questionnaires and for the sake of performing the study, the Ministry of Health will transfer data regarding me that are found at the Ministry of Health to the University of Haifa.
- (4) That the data collected by the University of Haifa as part of the study will be fed into the database of the Ministry of Health and be available thereto. Also, these data will be available to the University of Haifa in an anonymous manner for the purpose of studies based on the data of the project for assessment of outputs and results of community rehabilitation services to be performed even after conclusion of the 5 year period noted above.
- (5) That I am free to choose not to participate in the study and that I am free to stop my participation in the study at any time, without compromising my right to receive the acceptable treatment.
- (6) That it is assured that my personal identity will be kept confidential by all persons engaged in the study and that it shall not be publicized in any publication, including scientific publications.
- (7) That I am entitled not to answer all questions in the questionnaires or part thereof.

C) I declare that I have been provided with detailed information regarding the study, especially the details specified in the information sheet enclosed to this form.

D) I hereby declare that my consent is provided voluntarily and I have understood all of the aforesaid.

Name of Study Participant	Signature of Study Participant	Date

Explainer's Declaration:

Name of Explainer	Signature	Date

The information in Clause C may be specified on a separate information sheet to be enclosed to this form.