

## **Verbal Informed Consent for participation in Research**

Health facility name\_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Title of the study: Validity of the patient health questionnaires (phq-2 and phq-9) for screening Depression among human immunodeficiency virus patients in Lahore, Pakistan**

Dear participant, we are medical doctors collecting data for a study project aimed at identifying Validity of the patient health questionnaires (phq-2 and phq-9) for screening depression among human immunodeficiency virus patients. Now we would like to assess your willingness to participate in this research by your degree of interest. The research is essential for you and the general community in order to improve the curability of HIV disease and prevent psychological suffering. Also, we'd like to inform you that you have complete freedom to participate or not engage in this study, and that you can discontinue participation at any moment during the study's term. Furthermore, all information you provide will be kept strictly confidential and utilized solely for this study.

Dear participant, thank you for your cooperation in advance.