**ETHICAL SELF-ASSESSMENT FORM OF STUDENT’S RESEARCH**

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| **GENERAL INFORMATION ABOUT RESEARCH** |
| 1. **Research title (***Please enter without quotation marks)*
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| 1. **Name, surname, and affiliation of your supervisor**
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| 1. **Summary of your research including the aim and objectives, applied methods, start and end of the research, and expected results.**
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| 1. **What is the general purpose of your research? (please select all that apply)**
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| [ ]  Research is intended for a Bachelor’s thesis[ ]  Research is intended for a Master’s thesis [ ]  Research is intended for a public report to disseminate information[ ]  Research is intended for a final project within a certain study course[ ]  Research is intended for a scientific publication in a peer-reviewed journal[ ]  Other *please specify and comment* |
| 1. **Where will your research be conducted?**
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| [ ]  Research will be conducted on social media, on the Internet, etc. (*please attach a copy of the Invitation letter to participate in the study)*[ ]  Research will be conducted in health care, educational or other institutions *Please specify and enter here the name of the institution, clinical or other department, etc. (for example, Clinical Department of Cardiology, Lithuanian University of Health Sciences Hospital Kaunas Clinics)* |
| 1. **Please indicate if you have been granted permission by the head (or other responsible) of an institution, division, clinic/department, etc.) to conduct your research.**
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| [ ]  Yes, the permission has been granted (please attach a copy of permission)[ ]  No, the permission has not been granted *Please explain why it has not been granted* |
| **RESEARCH METHODS** |
| 1. **What is the type of your research and/or data collection methods:**

☐ Literature review☐Anonymous questionnaire survey ☐Retrospective analysis of depersonalised documents ☐ Secondary analysis of data (samples)☐ Semi-structured interview (or another type of qualitative research) ☐ Laboratory or in vitro-based study☐ Other (*describe the type and methods of your study*) |
| 1. **What is the object of your research?**
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| ☐ Humans *please specify (for example, patients, health professionals, etc.).*☐ Anonymised health data (information), available in official databases, registries, medical history, or archives (*proceed to question* 14) *Please specify the criteria for information selection (for example, ICD codes, etc.)* ☐ Human biological samples (*proceed to question* 14) *Please specify the criteria for sample selection* ☐ Animal biological samples (*regarding research on experimental animals, please refer to the Ethics Commission on the Use of Laboratory Animals under the State Food and Veterinary Service of Lithuania*)☐ Other *Please specify*  |
| 1. **Does your research involve vulnerable individuals or groups?**

☐ No☐ Yes (*mark or specify vulnerable groups below*)☐ Minors☐ Incompetent patients☐ Competent persons with certain limitations of decision making☐ Refugees☐ Prisoners☐ Students☐ Soldiers in the active military service☐ Other *Please specify and enter here**Please argue and comment on why the mentioned vulnerable groups or individuals should be included in your study and how their rights will be guaranteed*  |
| 1. **What is the sample size of your research?**

*Please enter the number of research participants and justify it (please explain how you will determine the sample size)*  |
| 1. **How will the selection of research participants be conducted?**

*Please enter your comment or explanation of the selection procedures* |
| **RESEARCH INSTRUMENT** |
| 1. **Will you employ any kind of questionnaires for data collection in your research?**

☐ No, I will not use any questionnaire (*proceed to question* 14)☐ Yes, I will use a standardized questionnaire and the authors’ permission for its usage in my research is received *please attach the document that proves the permission to use the questionnaire*☐ Yes, I will use a standardized questionnaire with free copyright (permission is not required) *please attach the evidence that the questionnaire is free to use* ☐ Yes, I will use an originally developed questionnaire*Please attach a copy of the originally developed questionnaire* ☐ Other *please specify and comment* |
| 1. **What type of survey will you be using?**

☐ Face-to-face interview☐ Web-based survey by sending the link to particular persons☐ Web-based survey by posting the public invitation to participate in the study☐ Telephone survey☐ Postal survey☐ Other, *please specify* |
| 1. **How will your questionnaire be completed?**
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| ☐ Research participants will complete it by themselves☐ It will be completed by me☐ It will be completed by other persons  *please specify*☐ Research participants’ responses will be recorded *please specify how it will be recorded*☐ It will be completed online by research participants *please specify the website or the app and comment why research participants will be surveyed online*  ☐ Other *please specify* |
| **PROCEDURES AND POTENTIAL DISCOMFORTS**  |
| 1. **Will you be using any kind of procedures, measurements, or tests in humans (patients or clients) for data collection in your research?**

☐ Yes☐ No (*proceed to question 18*) |
| 1. **Are the procedures, measurements and tests employed in your research considered standard diagnostic and treatment procedures, measurements, and tests? (please select all that apply)**

☐ My research will include only the procedures, measurements, and tests that are included in the treatment regimen designed by a responsible physician or other qualified specialist *Please specify and shortly describe particular procedures, measurements, or tests to be used in your study* ☐ My research will include additional standard procedures, measurements, and tests that are not included in the treatment regimen, but administered for the purposes of this study*Please specify and shortly describe procedures, measurements, or tests to be used in your study and comment onwhy they are needed*☐ My research will include non-standard procedures, measurements, and tests, administered only for the purposes of this study *Please specify and shortly describe procedures, measurements, or tests to be used in your study and comment on why they are needed*☐ Other *Please comment in detail on what procedures, measurements, and tests that will be used and why* |
| 1. **Are there any invasive procedures, measurements, and tests employed in your research? (for example, collection of biological material, etc.)**

☐ No, I will not use any invasive procedures (proceed to question 18)☐ Yes, I will use invasive procedures*Please comment in detail on what procedures, measurements, and tests will be used and why*☐ Other *Please comment in detail* |
| 1. **Who will be performing the above-mentioned procedures, measurements, and tests? (please select all that apply)**

☐ Me *Please specify what procedures will be done by you and justify your qualification to do this*  ☐ Qualified health care professionals *Please comment on what procedures will be done by them and justify their qualification to do this*☐ Other persons *Please comment on what procedures will be done by them and justify their qualification to do this* |
| 1. **Will you have any physical contact with your research participants during your study?**
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| ☐ No☐ Yes *(if yes, please comment below how your own and research participants’ safety will be guaranteed)**Please explain and comment here* |
| 1. **What potential inconveniences might be experienced by research participants?**
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| ☐ Loss of time☐ Changes in the daily regimen☐ Psychological discomfort |
| ☐ Physical pain☐ Loss of confidentiality☐ Other *please specify and comment**Please specify what actions will be taken to minimise the above inconveniences* |

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| **INFORMED CONSENT OF RESEARCH PARTICIPANTS** |
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| 1. **How will research participants be informed about your research?**
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| ☐ Research will not involve any participants; therefore, no informed consent will be used☐ Research participants will be informed in the preamble of my questionnaire☐ Research participants will be informed in written form *(please attach an informed consent form as supporting documentation)*☐ Research participants will be informed verbally *Please specify and comment on what information will be given* |

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| 1. **Who will provide the information about the research to the participants?**
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| ☐ Me☐ My supervisor☐ Other staff members (specialists at the research site) *Please specify what staff members will inform research participants* ☐ Other persons *please specify*  |

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| 1. **Research participants must be informed about their right to voluntary participation (or data usage) in your study. How will this requirement be fulfilled?**

☐ I will use only anonymised data in my study and will not have any direct relationship with research participants; therefore, this requirement is not applicable to me.☐ Research participants will be verbally informed about their right to withdraw their consent to participate in the research (including the usage of the collected data) at any time.☐ Research participants will be informed in a written consent form about their right to withdraw their consent to participate in the research (including the usage of the collected data) at any time.☐ Other *Please describe how you will ensure the participant’s right to a voluntary consent to participate in your study and the right to refuse or withdraw from the study* |
| **DATA PROTECTION** |
| 1. **Will you collect the personal data of research participants?**

(*For more information on personal data protection see here:* <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32018R1725&qid=1632736965630>  *)* |
| ☐ No, I will collect only anonymous data, i.e. data not allowing to identify a research participant (please proceed to question 25)☐ Yes*Please comment on why the collection of such data is inevitable in your research* |
| 1. **What personal data of research participants will be collected?**
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| ☐ Research participant’s name, surname☐ Research participant’s contact details (email, phone, etc.)☐ Images, photos, and other visual material☐ Identifiable biological material☐ Diagnosis☐ Results of diagnostic tests☐ Data on the health condition☐ Other health information accessible from medical history☐ Other data *please specify* |
| 1. **How will you store the collected data?**

*(Please* describe how the security of the data collected during the research will be ensured (e.g., password protection of the computer or electronic media, etc.), how the data will be handled (e.g. transferred to other persons), who will be responsible for handling and storing the data, duration of storage of the data, when and how the data will be destroyed after the investigation). |