



Appendix

Appendix 1: Letter of Informed Consent

Date _____

I, _____, hereby offer myself and consent voluntarily to participate as a subject of research for this paper, having no disability in my mental faculties.

Epidemiologic study of Cervicalgia carried out by Elizabeth Prendes Lago, MD, Physician of the Physical Medicine and Rehabilitation Service from the hospital, (CIMEQ, Center for Medical and Surgical Research, by its initials in Spanish).

At the time of acceptance, I attest that I have been informed (a) the subject and details of the research, that my participation does not result in loss of working days or risks, that I should answer questions about personal issues being sure that all documents will be completely anonymous and confidential, that this research does not give me direct advantages but contributes to know important aspects of Cervicalgia for furthering better studies and treatment of them being the object of study in this research to improve the quality of medical care, as well as I attest that my participation in this research is entirely voluntary.

Likewise I am also aware of the autonomy that I have to leave the research when thus I deem appropriate without implying any difficulties to me.

Full Name of Patient

Signature of Patient

Full Name of Researcher

Signature and Stamp of Researcher