



Annex 1. Informed Consent Form

Dear participant

This study was planned to measure the sleep levels of healthcare workers by defining their changing sleep states before and after the pandemic and to search for the relationship between COVID-19 fear and sleep level.

Within the scope of the research, you are expected to answer the questions about the individual and disease process in the data collection forms and directed by the researcher. It is thought that the results to be obtained from the research will contribute to determining the relationship between fear of COVID-19 and sleep level.

In this context, the information you provide will be kept confidential and will not be disclosed by mentioning your name in any way. This information will not be used in any other research/application. You will not be asked for any fee for participating in this study, and no additional payment will be made to you by the researcher or the Social Security Institution (SSI) for participating in the study.

Participation in the study is voluntary. You have the right not to participate in the study or to withdraw after acceptance. Thank you for your participation and contribution.

I Have Read The above Information and have been Informed about it in writing and verbally. I agree to participate in this Clinical Trial Voluntarily and without any pressure or coercion.

Name-surname/signature/date/address of the volunteer (telephone no., fax no., if available)