**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH**

**APPENDIX C2: CONSENT FORM- ADULT**

**Study Title: Survey on the Determinants of Malaria-related Behavior in [COUNTRY]**

**Principal Investigator: [PI NAME]** **IRB No.: [NUMBER]** **PI Version Date: [V# DATE]**

Hello. I am [DATA COLLECTOR NAME] from the Ministry of Health and the Johns Hopkins University. I would like to talk to you about a study we are doing on malaria in your community. We are interested in learning what people in [COUNTRY] know, believe and do related to malaria. For this, we want to interview men and women, like you, that live in this community. We ask you to join our study because you are a woman 15-49 years or partner/husband 18-59 years old who live in this household. You do not have to join, it is your choice. There will be no penalty if you decide not to join.

If you say yes, I will ask you to pick a quiet place in or near your home and ask you questions about malaria, the use of mosquito nets, and what you think about health care during pregnancy, and malaria testing and treatment among children. I will note your answers on this device. It will take about 45 minutes for men and 60 minutes for women and this will be done in just one visit.

You may be uncomfortable or embarrassed answering some of the questions. But I will make sure that we talk in a quiet place where no one can hear you. I will also not share your answers with anybody in this household or community. You do not have to answer all the questions and you may stop at any time. I will use your answers to understand how people in this community feel about malaria and what they are doing to prevent it.

There is a small risk that someone outside the study will see your information. We will do our best to keep your information safe by not writing down any information that will make people know who you are. For example, we will use a code instead of your full name. The information we collect may be used by other people outside this study. When we share your answers with other people, we will ask them to use the same protections.

You may not get any direct benefit from being in this study. We will use the information you give us to understand how people in your community feel about malaria. We hope this knowledge will help the government design future programs to reduce malaria in your community and We will let the community know about the results of the study. We will not pay you to join the study, but we will give you a packet of soap to thank you for your time.

This study has been approved by the [LOCAL IRB NAME] and the Johns Hopkins University. You may contact the study investigator, [LOCAL PI NAME AND PHONE NUMBER] about your questions or problems with this work. You can also call the [LOCAL IRB NAME AND PHONE NUMBER] if you have questions about your rights as a study participant, if you feel you have not been treated fairly or if you have other concerns.

Do you have any questions? or did you understand everything I just explained to you? Now, would you like to join the study? Please answer yes or no.

**[IF YES, BOTH THE INTERVIEWEE AND INTERVIEWER SIGN THE NEXT PAGE WHICH IS KEPT FOR THE STUDY. THE FIRST PAGE IS GIVEN TO THE INTERVIEWEE]**

**CONSENT/ASSENT FORM FOR RESESARCH PARTICIPANTS**

I, the undersigned, Mr/Mrs/Ms (Names and First names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

affirm that I agreed to participate in the study titled: **Survey on the Determinants of Malaria-related Behavior in Malawi** and:

* I understand the purpose and objectives of this study
* I have had the opportunity to ask questions before signing
* I have received all the answers to the questions I asked
* The risks and benefits were presented to me and explained
* I understand that I am free to accept or refuse to participate
* I know that I can end my participation in the study at any time without explanation and without consequence
* My consent or assent does not release the investigators from their responsibilities, I retain all my rights guaranteed by law

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Name of interviewee Thumbprint/Signature of interviewee Date

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Name of interviewer Signature of interviewer Date