**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH**

**APPENDIX C3: CONSENT FORM-PARENTS**

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

**Principal Investigator: [PI NAME] IRB No.: [IRB #] PI Version Date: [V# MM/DD/YYYY]**

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 females 15-49 years old that live in this community. We ask you to allow your daughter to join our study because she is an unmarried female 15-17 years old who lives in this household. Your daughter does not have to join, it is her choice. There will be no penalty if your daughter decides not to join.

If you allow us to approach your daughter, we will ask her if she wants to participate in the study. I will let her pick a quiet place in or near your house and ask her questions about malaria, the use of mosquito nets, health care during pregnancy, and malaria testing and treatment among children. I will note her answers on this device. It will take about 60 minutes, and this will be done in just one visit.

Your daughter 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 her. I will also not share her answers with anybody in this household or community. She does not have to answer all the questions and she may stop the interview at any time. The study will use her 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 daughter’s information. We will do our best to keep her information safe by not writing down any information that will make people know who she is. For example, we will use a code instead of her full name. The information we collect may be used by other people outside this study. When we share her answers with other people, we will ask them to use the same protections.

You or your daughter may not get any direct benefit from being in this study. We will use the information she 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 also let the community know about the results of the study. We will not pay you or your daughter to join the study, but we will give your daughter a packet of soap to thank her for her time.

You or your daughter may contact [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. This research has been approved by the Johns Hopkins University and the [LOCAL IRB NAME].

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.**

**THIS 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 allow my daughter to participate in the study titled: **Survey on the Determinants of Malaria-related Behavior in [COUNTRY]**:

* 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 my daughter is free to accept or refuse to participate
* I know that my daughter can end her 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 Signature of interviewee Date

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Name of interviewer Signature of interviewer Date