

PS01B: CONSENT FORM FOR COGNITIVE INTERVIEWS

Malawi-Liverpool-Wellcome Clinical Research Programme
 P O Box 30096, Chichiri, Blantyre 3, Malawi
 Tel: +265 1876444 ▪ Fax: +265 1875774 ▪ www.mlw.medcol.mw



Participant ID /

Cognitive Interview Consent Form

| Statement | Please initial or thumbprint* each box |
|--|--|
| I have received and read/had read the information sheet provided by the researchers that explains in detail the reasons for the study. I have read, discussed and understood the purpose of the research. I have asked all the questions that I have about the purpose of the research and feel happy that I have enough information about it. OR I have had the information explained to by study personnel in a language that I understand. I have had the opportunity to consider the information, ask questions and have these answered satisfactorily. | |
| I understand the reasons for this interview and am willing and happy to participate in it. | |
| If I agree to participate in this interview I understand what I will be required to do. | |
| I know that I have the right to leave the interview at any time or to refuse to answer any questions. | |
| If I do not agree to take part in this interview I understand that I will not be penalised for doing so by the researchers nor by any medical service personnel in the future. | |

I voluntarily agree to take part in this interview.

..... /...../.....
 Name of participant (BLOCK CAPITALS) Date Signature or thumb print

..... /...../.....
 Name of interviewer Date Signature

I attest that I have explained the study information accurately, and was understood to the best of my knowledge by, the participant and that he/she has freely given their consent to participate* in the presence of the below named impartial witness (where applicable).

..... /...../.....
 Name of witness Date Signature or thumb print

[*Only required if the participant is unable to read or write.]