

PS09B: CONSENT FORM FOR ACASI AND LDS

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
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Audio Computer-Assisted Self-Interview and Longitudinal Diary Study Consent Form

- 1. I have received and read/had read the information sheet provided by the researchers that explains in detail the reasons for the study.
- 2. I have read, discussed and understood the purpose of the research.
- 3. 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.
- 4. I understand the reasons for this interview and diary study and am willing and happy to participate in it.
- 5. If I agree to participate in this interview and diary study I understand what I will be required to do.
- 6. I know that I have the right to discontinue the interview or diary study at any time or to refuse to answer any questions.
- 7. If I do not agree to take part in this interview or diary study 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 and diary study.

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

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

If the participant gave verbal consent, please enter the name of person who witnessed the consent here, and their signature:

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