

STUDENT'S INFORMED ASSENT FORM-ENGLISH

Project title Critical thinking about health claims and choices in Uganda (Informed Health Choices Project). Version 1.0 dated: 14 August 2019

Sponsor: The Research Council of Norway

Study Principal Investigator Prof. Nelson K. Sewankambo

Co-investigators Mr. Ronald Ssenyonga
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Date/Revision Version 1.0 (1st August 2019)

1. INTRODUCTION

Thank you for agreeing to take part in this study. My name is _____.

We are doing a research study about how people can be helped to understand and assess information that concerns their health. A research study is a way to learn more about people, how they live their lives and how they make decisions about their lives and what happens to them when they then make decisions.

We are asking you to participate in this study because we think that your contribution will help us develop materials that can help children like you understand and assess information about their health.

First of all, there are some things about this study you should know.

Participation in this study is purely voluntary and you may feel not to join or to stop participating if you feel uncomfortable with the study activities at any time after joining. Your parents/guardians know about this study. If you do not want to participate in this research study, you will not be penalized.

If you decide that you want to be part of this study, we want follow you up for about 2-3 years. During this time, we may give you or your teacher some of the materials we shall develop and then ask you some questions at different time points to find out if the materials helped you understand and assess health information or not.

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2. BENEFITS TO YOU.

There will be no direct benefits to you but we think that by participating in this study, you will receive free health information.

3. POSSIBLE RISKS TO YOU

We do not anticipate the study to cause you any harm, risks or dangers, we do not think that your school performance will be affected by participating in this research.

4. CONFIDENTIALITY

If you choose to participate all the information you give us will be kept as a secret and it will not bear your name or your parent/guardian's name.

When we are finished with this study, we will write a report about what was learned. This report will not include your name or identify that you were in the study.

5. QUESTIONS ABOUT THE RESEARCH

In case of any further questions, please contact Professor Nelson K. Sewankambo, the Principal Investigator at Makerere University, College of Health Sciences, P.O. Box 7072, Kampala Uganda: Tel: 0414530021 or Mr. Ronald Ssenyonga, Ms Allen Nsangi, Dr. Daniel Semakula the co-investigators on 0700733108, 0773333629, 0716543000 respectively.

In case of questions in regards to research ethics, you may contact Prof. Ocamo Ponsiano, Chairperson, MakCHSSchool of Medicine Research and Ethics Committee; Tel 0414531875.

6. DECLARATION OF CONSENT

If you have understood everything about the study and all your questions have been answered, and you decide you want to be in this study, please sign your name below. But if you do not want to be in the study it is still ok, do not sign this paper and this will not affect you in any way. Signing below means that you have understood, and you are willing to join the study.

Study Participant

Your signature _____

Date _____

Your name _____

Staff obtaining assent

Your signature of person obtaining assent _____

Date _____

Printed name of person obtaining assent _____