

Household ID:
Individual ID:

CONSENT FORM B: POPULTION-BASED SURVEY - FOR HOUSEHOLD OBSERVATIONS

Stronger SAFE: Phase 1 - understanding transmission for an enhanced SAFE Strategy for trachoma elimination in Ethiopia

Household consent to participate in the household observation studies and non-ocular swab collection. Each household resident should complete this form. The primary care giver of any individuals under the age of 18 should complete this form on their behalf.

Participant's Agreement:

I have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family. I understand that these conditions also apply to any children or dependents for whom I give consent to participate in the study. I understand that the information/swab sample collected from me will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

I voluntarily agree to participate in this research study (tick one box).

Yes No

I give my consent for all household members below the age of 18 years and for whom I am the parent or guardian to participate in the study (tick one box).

Yes No Not Applicable

I give permission for observations or things that I say during interviews or group discussions to be reported anonymously to communicate the findings of this research in reports or presentations, to analyse this research and for teaching purposes. Information about the study could potentially be seen by researchers and students in Ethiopia and in other countries and by health professionals and decision-makers in Ethiopia and in other countries (tick one box).

Yes No

I give permission for anonymised data from this study (no names or other identifiers) to be made available to the public via a data repository (tick one box).

Yes No

Photos and/or video of me may be taken to document the research.

Yes No

I give permission for ANONYMISED photos/videos/swab results to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In other reports, campaigns and publications by LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Research Participant(s) over 18

Name

Date

Signature of Researcher

Name

Date

Signature Witness

Name

Date

***Note to researcher: Witness signature and date are required on this consent form only when the consenting volunteer is not able to read (illiterate).**

Household ID:
Individual ID:

ASSENT FORM B: POPULTION-BASED SURVEY - FOR INDIVIDUALS AGED 7-17 YEARS

Stronger SAFE: Phase 1 - understanding transmission for an enhanced SAFE Strategy for trachoma elimination in Ethiopia

Each household member aged 10-17 years should complete this form. Your parents / guardians have agreed for your household to part of a research study, but I also need to ask you if you are happy to take part. The study is to learn more about the daily routines and practices of rural Ethiopians and how this may affect health and the transmission of disease.

If you agree to take part then the researchers who will be in your home will take notes about what you are doing during the time they are in your home. You will not be asked to answer any questions. Your name will not be recorded and nobody will know that your family took part in the study. You don't have to take part in the study if you don't want to even though the researchers will be in your home. You can ask me any questions about the study now. If you are willing to take part I need to ask you to write your name or make your thumb print on this sheet to show that you have given your permission.

I, _____ have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family. I understand that the information/swab sample collected from me will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

I am willing to take part in this study (tick one box).

Yes No

I agree to photos or video of me to be taken to document the research (tick one box).

Yes No

I give permission for ANONYMISED photos/videos and the results from this study to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In other reports, campaigns and publications by LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Research Participant(s) age 7-17

Name

Date

Signature of Researcher

Name

Date

Signature Witness

Name

Date

***Note to person taking consent: Witness signature and date are required on this consent form only when the consenting volunteer is not able to read (illiterate).**

Household ID:
Individual ID:

CONSENT FORM B: POPULTION-BASED SURVEY - FOR INDIVIDUALS <18 YEARS

Stronger SAFE: Phase 1 - understanding transmission for an enhanced SAFE Strategy for trachoma elimination in Ethiopia

Consent from the parent/guardian or primary caregiver for individuals aged <18 years to have their eyes examined, photographed and conjunctival /face/hand swabs taken. I have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family. I understand that the information/swab sample collected will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

I give my consent for my child who is under the age of 18 years and for whom I am the parent or guardian to participate in this study (tick one box).

Yes No Not Applicable

I give permission for the examination findings and swab results to be reported anonymously to communicate the findings of this research, to analyse this research and for teaching purposes. Information about the study could potentially be seen by researchers and students in Ethiopia/UK and beyond and by health professionals and decision-makers in Ethiopia/UK and beyond (tick one box).

Yes No

Photos and/or video may be taken to document the research.

Yes No

I give permission for the samples collected to be stored in Ethiopia or LSHTM (UK) and used for anonymous infection testing in future studies. I understand that the information/swab sample collected from me will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

Yes No

I give permission for ANONYMISED photos/videos/eye, hand or face swab sample results to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In other reports, campaigns and publications by LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Parent / Guardian

Name

Date

Signature of Researcher

Name

Date

Signature Witness

Name

Date

Household ID:
Individual ID:

CONSENT FORM B: POPULTION-BASED SURVEY - FOR INDIVIDUALS >17 YEARS

Stronger SAFE: Phase 1 - understanding transmission for an enhanced SAFE Strategy for trachoma elimination in Ethiopia

I have read/been read the information provided above and I have understood it. I have asked all the questions I have at this time. I understand that it is my right to withdraw from the study at any time without it affecting me or my family.

I voluntarily agree to participate in this research study (tick one box).

Yes No

I give permission for observations or things that I say during interviews to be reported anonymously to communicate the findings of this research, to analyse this research and for teaching purposes. Information about the study could potentially be seen by researchers and students in Ethiopia/UK and beyond and by health professionals and decision-makers in Ehiopia/UK and beyond (tick one box).

Yes No

Photos and/or video of me may be taken to document the research.

Yes No

I give permission for the samples collected to be stored in Ethiopia or LSHTM (UK) and used for anonymous infection testing in future studies. I understand that the information/swab sample collected from me will be used to support other research in the future, and may be shared anonymously with other researchers, for their ethically-approved projects.

Yes No

I give permission for ANONYMISED photos/videos/eye, hand or face swab sample results to be used in the following ways:	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
As part of this study report		
In other reports, campaigns and publications by LSHTM or affiliated partners and donors		
On the LSHTM website or in other media about this study		
As part of a public data repository		

Signature / Thumbprint of Research Participant(s) 18 years & over

Name

Date

Signature of Researcher

Name

Date

Signature Witness

Name

Date