



**UNIVERSITY OF MALAWI
COLLEGE OF MEDICINE**

Exploring youth preferences for an integrated package of sexual and reproductive health and HIV services

Choice Questionnaire Consent Form

Before you sign this form, please ensure that you have been given a copy of the study information sheet to read and keep. The study information sheet provides an outline of the research project, describes the portion of the research we are inviting you to participate in along with the potential risks and benefits and the expected duration. If you have questions about any of this information, please feel free to ask the researcher now or contact the lead researchers listed on the information sheet.

I have read the study information sheet (or have understood the verbal explanation), I understand what will be required of me (or the person I am consenting for) and have had the opportunity to ask all the questions that I wanted to ask.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that the study involves a number of phases and that I am being asked to consent/assent to participate in choice questionnaire.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that participants have the right not to answer specific questions and the right to end participation in the research at any time, without giving any explanation and without penalty.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that the information participants give will be treated in the strictest confidence.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree to have this interview recorded and am aware that written notes of my comments (or those of your child or the minor that you are guardian for) may also be recorded.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I do agree to quotes or other results arising from my participation in the study being included anonymously in any reports about the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I know that I do not have to participate in this study if I don't want to (or allow your child or the minor that you are guardian for to participate), and that I will not be affected negatively in any way if I do not want to participate. I voluntarily agree to participate or allow my child or the minor I am guardian for to participate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Respondent Name	Signature/Thumbprint/Mark	Date
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Parent/Guardian Name	Signature/Thumbprint/Mark	Date
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Researcher Name	Researcher Signature	Date

Participants aged **18 to 24 years** should complete line **1** only to consent to be interviewed. Participants aged **15-17 years** should complete line **1** to assent to the interview. The **parent or guardian** of this participant **must** complete line **2** to consent to the minor being interviewed **before** the interview proceeds.