

Integrated multi-disease screening for TB-affected households in Zimbabwe

Principal Investigator: Dr Claire Calderwood MSc MRCP

Phone: +263 780981949

You are being invited to take part in a research project.

We know that many people in Zimbabwe have health problems which may have not yet been identified. This study is looking at how many people who live in households with someone who has been diagnosed with TB have health problems such as being underweight or visual problems. We hope this information will help to develop policies for people who live in households affected by TB, in order to reduce their risk of TB and improve their overall health.

We are inviting you to take part in this study because you live in a house with someone who has been found to have TB. You may also be taking part in our larger study called 'ERASE-TB'.

If you agree to take part in this study, we will ask you (or your parent/guardian) some questions about your health. We will offer you a number of tests for different medical problems, after explaining what the tests are for. You can say yes or no to any of the tests we offer you. After the study we may contact your parent/guardian by phone or visit your house to discuss the results. Based on the results, we may ask you to see a different doctor/nurse, but only with your parent/guardian's consent.

We are really thankful for your help and you taking part in this study may help many other people. You do not have to take part if you do not want to. At any point, if you change your mind about taking part, just let us know. No one will be upset with you if you choose to say no or if you decide to change your mind about taking part in this study.

Before you sign this form, please ask any questions you have. You may take as much time as you want to think about whether you would like to take part.

Assent from participant (Children aged 10-12 years):

I have read [or been explained] and understood the information. All my questions have been answered and I agree to take part in this study.

Name of Participant (print)

Signature /Fingerprint of Participant

Date

Name of Research Staff (print)

Signature of Research Staff

Date

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact the

Medical Research Council of Zimbabwe on telephone 791792/791193 and 0784956128 or the following address:

Medical Research Council of Zimbabwe, Cnr. J. Tongogara & Mazowe Street, Causeway, Harare