

## Consent form for household survey & micro-costing study

### RESPOND

#### Responsive and Equitable Health Systems – Partnership on Non-communicable Diseases

Please complete after reading (or discussing) the information sheet.

I, \_\_\_\_\_

(forename followed by surname in BLOCK CAPITALS)

have read (or discussed) the information sheet. It explains what you are trying to find out and why you would like to talk to me during this interview.

Please tick

☐

I agree to take part in the study.

☐

I have asked all the questions that I need to and am satisfied with the answers you have given to me.

☐

I understand that the information I have provided during this interview will never be reported or shared using my name or any other potentially identifiable information.

☐

I understand that I don't have to talk about things that I don't want to talk about. I know that I can stop our interview at any time and without giving a reason.

☐

I understand that if I tell you something that makes you worried about my safety or the safety of someone else, you may have to let someone else know what I have said, but you will always talk to me first if it happens.

☐

I understand that, unless I change my mind at any time, you will contact me to conduct a similar follow up interview in about one year's time.

☐

I understand that information from my interview will be sent from the Philippines to the United Kingdom, and then back to the Philippines.

☐

I understand that I am free to withdraw from the study at any time.

## Optional items

☐

I agree for the data I provide to be archived. I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. I understand that other authenticated researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. If you choose not to tick this circle you can still be part of the project.

I agree that I may be asked to participate in the following additional research project activities, and understand that I may change my mind at any time (please tick only the activities that you would like participate in):

☐

In-depth interviews and digital diaries

☐

Focus group discussion

Name of participant: \_\_\_\_\_

Signature or thumbprint of participant: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

[If the participant provides a thumbprint, complete the witness section]

Name of witness: \_\_\_\_\_

Signature or thumbprint of witness: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

I certify that, to my knowledge, the participant was able to, and gave their voluntary consent.

Name of witness: \_\_\_\_\_

Signature or thumbprint of witness: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

Thank you for consenting to be involved in our project. If you have any questions about the project, please contact [REDACTED] at [REDACTED].