VITamin D for AdoLescents with HIV to reduce musculoskeletal morbidity and ImmunopaThologY: VITALITY Study

Principal Investigator: Rashida Ferrand [MBBS, FRCP, PhD]
Phone: [Telephone number]

You are taking part in the VITALITY study. We would like to measure how easily children are able to take their medication in this study. We would like to give you an electronic pill container called Wisepill RT2000 dispenser to keep your tablets. The pill container records the date and time every time that it is opened.

We will teach you how to use the Wisepill RT2000 dispenser. The study team will put your vitamin D tablets in the electronic pill container. We will ask you to open the electronic pill container only when you have to take your vitamin D tablets and ensure that it is closed after use. We will ask you to use the electronic pill container for 24 weeks, after which you should return the electronic pill container to the study team. We will ask you to come back to the clinic after two weeks to check if you have had any problems with using the electronic pill container.

We are really thankful for your help and your taking part may help many other children. You do not have to take part if you do not want to. At any point, if you change your mind about taking part or using the electronic pill container, just let us know. You must not feel that you have to take part or use the electronic pill container. 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. Choosing to say no to taking part in this study will not affect you taking part in the VITALITY study. Information that will be obtained through your participation in the study, will also be stored on a database. There will be no way to identify you through storing of this information, and no participant names will be stored. This information may be shared with researchers in the future as it will be stored on an electronic database, but can only be used in ethically approved studies

Before you say yes, please ask as many questions as you want about anything that is not clear to you. You may take as much time as you want to decide whether you want to take part.

Assent from participant:

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 subject 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 or 791193. Cell: 0772 433 166