

1.2 SUNRISE TRIAL CONSENT FORM

Title of research: Scaling Up Nurturing care, a Radio Intervention to Stimulate Early child development in Burkina Faso: SUNRISE Cluster Randomised Control Trial (CRT)

Investigators

Prof Betty Kirkwood. London School of Hygiene & Tropical Medicine (LSHTM), betty.kirkwood@lshtm.ac.uk (Chief Investigator)

Dr Zelee Hill, University College London (UCL), z.hill@ucl.ac.uk

Professor Pasco Fearon, UCL, p.fearon@ucl.ac.uk

Dr Jolene Skordis-Worrall, UCL, j.skordis@ucl.ac.uk

Mr Roy Head, Development Media International (DMI), roy@developmentmedia.net

Mr Bassirou Kagone, Head of DMI Burkina Faso Office, Bassirou.Kagone@developmentmedia.net

For more information contact:

Sabin Lazare Dandjinou, +226 70 65 55 40 or sabindandjinou@yahoo.fr (SUNRISE field coordinator), or

Achille Mignondo Tchibozo, + 226 25 37 68 98 (office) or atchibozo@poverty-action.org (Research manager, IPA Francophone West Africa)

Thank you for considering taking part in this research. Please let me know if you consent to each element of the research that I will now read out:

Please circle 'yes' or 'no' for all statements:

Consent statements	Response	
	Yes	No
I confirm that I have read the information sheet and/or have been given a clear explanation of the study and have had the opportunity to ask questions which have been answered to my satisfaction.	Yes	No
I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, and if I decide to withdraw, any personal information I have provided up to that point will be deleted unless I agree otherwise.	Yes	No
I understand that all personal information will be kept confidential by the project staff and that all efforts will be made to ensure I cannot be identified.	Yes	No
I understand that I will not benefit directly from this study or from any possible outcome it may result in in the future.	Yes	No
I agree to respond to questions about myself, my family and my baby in today's interview.	Yes	No
I understand that I will receive 11 further visits from you every three months when you will ask me more detailed questions about what my baby is able to do.	Yes	No
I also understand that you will request permission to observe my child doing different things at the visit when they are 18-20 months old and at the final visit when they will be 30-32 months of age, and that you will give me more detailed information about these at the time of these visits and request my consent.	Yes	No
I am happy for my responses to be recorded on a tablet or paper.	Yes	No
I am happy for you to write about what I say during the interviews in reports, on the understanding that you will not reveal my identity.	Yes	No

Version 3, 15 Jan 2022 (impartial witness added for mothers who are illiterate)

Version 2, 22 Nov 2021 (trial recruitment)

Version 1, 15 Mar 2021 (covered baseline & trial)

Consent statements	Response	
I am happy for you to include quotations from the interviews in reports, on the understanding that I will not be able to be identified from these quotes.	Yes	No
I am happy for the information collected during the visits to be transferred to London, UK.	Yes	No
I am happy for the information I provide to be used by others for future research. I understand that this will not include my name or any way of identifying me.	Yes	No

Name:	Husband/partner's name:
Village name:	Cluster name:
Household number:	Serial number:

Date

Signature or thumb print (circle which one)

*IF THE MOTHER IS LESS THAN 18 YEARS OF AGE (Countersigned by Husband/Parent):

Husband / parent: Date, Printed name & signature or thumbprint (circle which one)

**IF THE MOTHER IS UNABLE TO READ OR WRITE (Countersigned by Impartial Witness):

Impartial witness: Date, Printed name & signature

Interviewer statement: I, the undersigned, attest that I have explained to the participant in a language she/he understands, the procedures to be followed in the research study and the risks and benefits involved, and that she has freely given her consent to participate (** in the presence of the above named impartial witness, where applicable).

Date

Name & Signature of interviewer

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