

## 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

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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	
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

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

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)