**WRITTEN INFORMED CONSENT FOR INTERVIEW WITH HEAD OF HOUSEHOLD – COMMUNITY SURVEILLANCE**

**Study Title:** *<your system/study title>*

**Principal Investigator:** *<PI name>*

**IRB No.:** *<IRB number of study>*

**PI Version Date:** *<date of document finalization>*

[*Greeting*]. My name is [*say name*], and I am from the *<insert organization>*  in <insert *province name*>. We would like your household to participate to our study that aims to increase our knowledge on maternal, newborn, child and adult health and mortality and their causes in your community. This study is planned for the period of *<insert start date>* to *<insert end date>*. You do not have to join, it is your choice. There will be no consequences to you if you choose to do so.

We are asking your household to participate because you reside in an area that was selected for our study, and we would like to ask for your participation to help us improve our understanding on the health issues and mortality risks in this community.

If you agree to participate, we will visit you at least once per month at your house and in case of pregnancy, delivery and death of any member of your house. To be able to do this work, we need a list of people who live in each household in this community. I have therefore come to you to register names, relation to head of household, sex and age and residential status of everyone in this house. You do not have to answer all the questions and you may stop at any time. I will enter your information on my device and use it to inform the research team about your household participation.

We will do our best for your information to remain private. There is a risk that someone outside the study will see your information. However, we will do our best to keep your information safe by [storing in a safe place accessible only to the study team]. When we share your information with other researchers we will ask them to use the same protections.

There is no direct personal benefit to you for participating in this study. We will use your responses to increase our knowledge on mortality and their causes in your community. We will let the community know about the results of the study, and that will help the community to better understand the health issues and mortality risks.

There is no payment for participation.

* *The researchers involved in this study may have access to the consent documents.*
* *After the study is complete, the results will be shared with your community and other researchers.*

You may end your consent at any time. Information obtained and used before you end your consent will continue to be used for research. If you wish to end your consent, let us know.

You may contact *<PI name>* from *<your organization>*, about your further questions or problems with this work*.* *<His/Her>* contacts are:

*<Your organization>*

*<Organization address>*

*<City and country>*

Phone: *<Phone number 1>* | Mobile: *<Phone number 2>*

*<Email 1>*| *<Email 2>*

Would you like to join the study?

[if yes] May I begin?

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Print name of Adult Participant Signature of Adult Participant Date

*If the participant) is unable to provide a signature above, and it is culturally appropriate, ask them to mark a “left thumb impression” in the box below.*

*If the participant is an adult who lacks capacity to provide informed consent, include the two lines below.*

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Print name of Legally Authorized Signature of LAR Date

Representative (LAR)

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Relationship of LAR to Participant

*If the IRB requires a witness, use the signature lines below.*

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Print name of Witness Signature of Witness Date

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Print name of Person Obtaining Signature of Person Obtaining Consent Date

Consent