|  | **Question or phrase** | **Answer guidelines** | **Evaluation of the participant’s understanding** |
| --- | --- | --- | --- |
| 1. | ***Okunoonnyereza kuno kuyitibwa kutya?*** | * woMANPOWER study * Tdap study | Understood  Not Understood |
| 2. | ***Olina okukkiriza okwetaba mu kunoonnyereza kuno?*** | Yes  No | Understood  Not Understood |
| 3. | ***Singa tewetaba mu kunoonnyereza kuno, onoba okyasobola okufuna endabirira okuva mu ddwaliro e Kawempe oba awalala wonna?*** | Yes  No | Understood  Not Understood |
| 4. | ***Olowooza musabibwa gwe n’omwanawo okwetaba kubanga oli lubuto era osubira kuzaalira mu dwaliiro e Kawempe, ate mujja kubeera kumpi n’okunoonnyereza kuno wekukolebwa okumala ebanga eriwera wiiki 18 anga omaze okuzaala?*** | Yes  No | Understood  Not Understood |
| 5. | ***Nyonnyola emirundi gy’olina okujja mu kirinika olw’okunoonnyereza?*** | ***The mother is correct if she says:***   * At least twice before delivery for my vaccines * When baby is sick. * For the baby’s vaccine clinic visits | Understood  Not Understood |
| 6. | ***Gwe n’omwanawo mitendera ki egimu egiyinza okolebwako olw’okunoonnyereza?*** | The mother is correct if she says:   * Review my medical records. * Ask about my health, pregnancy, and other medicines. * Ask about baby’s health. * Perform a general body examination * Draw my blood * Give me vaccines * Collect blood from baby | Understood  Not Understood |
| 7. | ***Okunoonyereza kuno kulina obulabe?***  ***Bwewaba nga waliwo, tubuulire obumu bw’omanyi:*** | ***The mother is correct if she says yes and any of the answers below:***  Yes  No   * Pain, swelling, bruising, or bleeding where the needle is inserted. * Rarely, drawing blood can cause fainting or infection. * Rarely, there may be a reaction to the vaccine | Understood  Not Understood |
| 8. | ***Waliwo emigaso gy’oli oba eri omwanawo olw’okwetaba mu kunoonnyereza kuno?*** | ***The mother is correct if she says:***   * There may be no benefit from being in the study. | Understood  Not Understood |
| 9. | ***Oyinza okuva mu kunoonnyereza ng’omaze okuyingizibwa mu kunoonnyereza?*** | Yes  No | Understood  Not Understood |
| 10. | ***Olina kyonosasula kyonna oba onosasulwa olw’okwetaba mu kunoonnyereza kuno?*** | ***The mother is correct if she says:***   * There are no costs for study visits or that are done by the study. * I will be reimbursed for the cost of transport to study visits and time. For each visit, I will be given 20,000 uganda shillings | Understood  Not Understood |
| 11. | ***Onosasulwa singa ofuna obuvunne olw’okwetaba mu kunoonnyereza kuno?*** | Yes  No | Understood  Not Understood |
| 12. | ***Ani gw’olina okukubira essimu singa olina ebibuuzo ku kunoonnyereza, oba obuzibu mu kunoonnyereza?*** | ***The mother is correct if she says:***   * Study staff at Department of Obstetrics, MU-JHU or Kawempe Hospital * The IRB chairman at School of Medicine (SOMREC) | Understood  Not Understood |

Additional comments on mothers/caretakers understanding and attitudes:

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Final assessment:

I believe that this potential participant/caretaker demonstrates sufficient understanding of the study and the content of the consent to proceed with signing the consent.

I believe that this potential participant/caretaker would benefit from additional counseling about the study before proceeding to sign the consent form.

I believe that this potential participant/caretaker is not a good candidate for study participation based on the assessment of their understanding of the study.

Assessment of Understanding and Attitudes above was completed by (counselor name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Counselor initial/EMPID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_