|  | **Question** | **Correct answers** | **Participant understanding** |
| --- | --- | --- | --- |
| 1. | a) Osabibwa okutuwa olukusa okutereka ebinabagyibwako mu kunoonnyereza kuno bikozesebwe gyebugya.Tukusaba otubulire lwaki tukusaba okutereka ebinabagyibwako bino? | ***The mother OR child’s caretaker is correct if she/he says:***   * Specimens may be useful for learning new things after the study is completed * Because the specimens will be used after the study is completed, separate permission to use them in the future is required | Understood  Not Understood |
| b) Biki ku binabagyibwako ebinasigalawo bye twagala okutereka olw’okukozesebwa gye bugya? | ***The mother OR child’s caretaker is correct if she/he says:***   * Blood from mother and child. * Breast Milk | Understood    Not Understood |
| 2. | a) Kukeberebwa ki okuyinza okukolebwa ku binabagyibwako ebinaba bisigaddewo nga biterekedwa? | ***The mother OR child’s care giver is correct if she/he says***   * Tests to find out about the body’s response (protection) to germs that may be important. * Tests by other labs or vaccine companies to check our results. | Understood    Not Understood |
| b) Gwe n’omwanawo munafuna ebinaava mu kukeberebwa kwebinabagyibwako ebinasigalawo ebinaterekebwa? | ***The mother OR child’s care taker is correct if she/he says:***  No    Most of the time results will not be given to study participants because it’s not known when the future tests will be done. | Understood  Not Understood |

Comments:

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 form.

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)/EMPID,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_