|  | **Question**  |  **Correct answers** | **Participant understanding** |
| --- | --- | --- | --- |
| 1. | a) You are being asked for your permission to store you and your child’s specimens collected in the study for use in the future. Please tell me why we are asking to save these specimens. | ***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) What are the leftover specimens that we want to save for future use? | ***The mother OR child’s caretaker is correct if she/he says:**** Blood from mother and child.
* Breast milk

  | [ ]  Understood [ ]  Not Understood |
| 2.  | a) What tests may be done on the stored leftover specimens? | ***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) Will you or your child be able to receive results from tests done on the left over stored specimen for future use? | ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_