|  | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_