|  | **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 [x]  No   | [ ]  Understood [ ]  Not Understood |
| 3. | ***Singa tewetaba mu kunoonnyereza kuno, onoba okyasobola okufuna endabirira okuva mu ddwaliro e Kawempe oba awalala wonna?***  |  [x]  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?***  |  [x]  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:*** [x]  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?*** |  [x]  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 [x]  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_