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| **APPENDIX 14 C: CONSENT COMMUNITY MEMBERS SURVEY****Participant Identification Number: Community**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Research title: Estimating the frequency, quality of life, economic and societal impact of joint pain in Tanzania*** |
| **Name of Researcher(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **CONSENT FORM** | Please initial box |
| **I confirm that I have read and understood the Participant Information Sheet version 02 dated \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_dd/mm/yyyy.** |  |
| **I have had the opportunity to think about the information and ask questions, and understand the answers I have been given.**  |  |
| **I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.** |  |
| **I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers.**  |  |
| **I agree that my name, contact details and data described in the information sheet will be kept for the purposes of this research project.** |  |
| **I understand that if I withdraw from the study, my data collected up to that point will be retained and used for the remainder of the study.** |  |
| **I agree to take part in the study.** |  |

Name of participant Date Signature/Thumb print

Name of the witness Date Signature

Name person taking consent Date Signature

(1 copy for participant; 1 copy for researcher)

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| **APPENDIX 14 D: RIDHAA YA USHIRIKI KWA VIKUNDI KATIKA JAMII** **Namba ya Utambuzi wa Washiriki: FGD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Jina la mradi: Makadirio ya ukubwa, thamani ya maisha, athari za kiuchumi na kijamii juu ya ugonjwa wa viungo (Yabisi) nchini Tanzania: Njia mchanganyiko za kiutafiti**  |
| **Jina la Mtafiti(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **FORM YA RIDHAA** | Tafadhali weka alama ya vema |
| **Ninathibitisha kwamba nimeisoma na kuelewa form ya ya ridhaa ya Mshiriki toleo la -------- dated \_\_\_/\_\_\_/\_\_\_\_\_dd/mm/yyyy.** |  |
| **Nimekuwa na fursa ya kufikiri juu ya taarifa na kuuliza maswali, na kuelewa majibu niliyopewa.**  |  |
| **Ninaelewa kuwa ushiriki wangu ni wa hiari na kwamba mimi ni huru kujiondoa wakati wowote, bila kutoa sababu yoyote, bila haki zangu za kisheria kuathiriwa.** |  |
| **Ninaelewa kwamba takwimu zangu zote na maelezo ambayo mimi nimetoa zitahifadhiwa kwa siri na kuonekana tu na watafiti na wasimamizi ambao kazi yao ni kuangalia kazi ya watafiti.**  |  |
| **Nakubali kwamba jina langu, maelezo, mawasiliano na takwimu yaliyoelezwa kwenye karatasi hii ya maelezo zitahifadhiwa kwa madhumuni ya mradi huu wa utafiti** |  |
| **Ninaelewa kwamba ikiwa nitatoka kwenye utafiti, takwimu zangu zilizokusanywa mpaka kufikia hatua hiyo zitahifadhiwa na kutumika kwa ajili ya muda uliobaki wa tafiti.** |  |
| **Ninakubali kushiriki katika utafiti.** |  |

***Nyongeza:***

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| **Ninakubali majadiliano ya kikundi kurekodiwa** |  |
| **Ninatambua kwamba rekodi zote za majadiliano ya kikundi yatanyambulishwa na kutunzwa kwa miaka 10-15 katika chuoni kama ianvyoshauri kwa utunzaji kumbuku za utafiti.** |  |

Jina la Mshiriki Tarehe Sahihi/ Dole Gumba

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jina la shahidi Tarehe Sahihi

Jina la mwenye kuchukia ridhaa Tarehe Sahihi

(Kama ni tofauti na mtafiti)