

Appendix 4 – Read to obtain verbal consent

Consent to Participate in Household Survey

(Flesch-Kincaid Grade Level: 6.9)

Hello, my name is _____. We're here on behalf of the Ministry of Health. We're doing a study to find out how many children received vaccinations. Your house was picked at random for this study. This survey will take about 10 minutes. We would like to ask you some questions about the shots that your children have received. The information will help identify children who were not vaccinated and improve immunization services in the future.

Are there any children living in your household who are _1-9 years old? Yes No
(Vaccination activities target age for your cluster - based on 9 months-9 years of age at time of vaccination)

(If the answer to the above question is “no” then thank the person and move on to the next selected household)

It is your choice to answer questions, and you may stop at any time. It's all right to skip any questions you don't want to answer. Some people feel uncomfortable answering questions about personal actions. The answers you give us will be kept confidential, and we will not share your answers with others. The information we collect during our interview may not help you directly, but it will help us learn about vaccination rates in your area and in the rest of the country and might help us figure out how to make certain more people get vaccinated. We will guard your privacy as best we can. Reports from this study will not identify any single person. Please feel free to ask any questions you may have at any time.

If you have questions or worries about the study, if you feel that you have been harmed by taking part in the study, or if you have questions about your rights as a subject in a research study, you can call Dr. XXX at _____.

If you want to participate, please provide us your verbal consent.

YES. Wants to participate. Thank you. We will now begin the survey.

NO. Refused to participate