APPENDIX F
Locator and Consent Form

Locator and Consent Form

Locator Form

[INSERT NAME OF STUDY SITE]

Locator name_____

Site number _____

Locator form number (range 0-9) _____

Questionnaire number _____

Supervisor _____

Introduction at household *(to be read by the locator)*

Hello, my name is _____and I am working with [INSERT ORGANIZATIONS HERE]. We are gathering information on women's health issues. We are here only to ask questions. We are conducting this survey among women between 15 and 49 years of age. We want to use what we learn to plan health services in your area.

Purpose of the study

[INSERT ORGANIZATIONS HERE] are doing this study. We are doing this study to find ways to improve health and community programs for women. The findings from this study may help us find ways to decrease health problems among women.

How many women between the ages of 15 and 49 live in this house? _____

Instructions

IF NO ELIGIBLE WOMEN (age 15-49) LIVE IN THE HOUSE, CONCLUDE THE ENCOUNTER AND FILL OUT VISIT RECORD AT THE END OF THE LOCATOR FORM.

IF AT LEAST ONE ELIGIBLE WOMAN LIVES IN THE HOUSE, CONTINUE.

For each of these women, could you give me the ages of each women (starting with the oldest woman and ending with the youngest):

Table of eligible women in household (to be used for random selection of the woman to be interviewed)

WRA	Age (Complete Years)
1	
2	
3	
4	
5	
6	
7	
8	

Diagram for random selection of the WRA to be interviewed

The Locator Form Number	Number of WRA in the House							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

1. Line Number of the Chosen WRA _____
2. Total Number of WRA in the Household _____

Consent Form for Survey

(Flesch-Kincaid Readability Grade 6)

Reproductive Health Assessment Toolkit for Conflict-Affected Women

Hello, my name is _____and I am working with [INSERT ORGANIZATIONS HERE]. We are gathering information on women's health issues. We are here only to ask questions. We are conducting this survey among women between 15 and 49 years of age. We want to use what we learn to plan health services in your area.

Purpose of the Survey

[INSERT ORGANIZATIONS HERE] are doing this survey. We are doing this survey to find ways to improve health and community programs for women. The findings from this survey may help us find ways to decrease health problems among women.

Your house has been chosen from the list of houses in this area. Your house was chosen from this list because there are women between the ages of 15 and 49 years living in this house. You were randomly selected using numbers on a chart. This number is not linked to you for any other reason except that it helped us choose women from the list. About [500 or 625] women from this area will be asked to participate in this survey.

You are free to join the survey or not. If you do not join, you will not lose any health care services that you normally get. We will ask you some questions about your home life, your health, and your experiences with violence. We will also ask about the conflict in your home country, if this applies to you. Other questions are about AIDS and sexual behavior. It will take about 45 minutes to answer all of the questions.

Risks and Benefits

There is no risk to your health from being in this survey. Some of the questions in the survey ask about your health and your family. We will also ask you questions about your experiences with violence. Answering questions like this can be difficult. If the questions are upsetting or difficult for you to answer, we can stop the interview at any time or we can skip those questions. You may not want to answer some of them. If you do not want to answer a question, we will just skip it and go to the next question.

We hope to learn how health care and community programs in this community can serve women and their families better. We will give you names of people you can go to if you have any questions or concerns about what we discuss. If someone enters the room while we are talking about something private, we will change the topic.

Questions or Concerns

There are people you can contact if you have any questions or concerns. If you have questions about the survey, you can contact [INSERT CONTACT PERSON]. You can reach her by going to the [INSERT LOCATION OR CONTACT INFORMATION].

Confidentiality and consent for interview

You will be asked some very personal questions that some people find difficult to answer. Your answers will be kept private and secret. No one will know that the answers came from you. Also, no one else in the household will know what you tell us. We will never use your name with anything you tell us.

You do not have to answer a question if you do not want to. You may stop answering questions at any time. We would be very grateful for your help. The questions will take about 45 minutes. Do you agree to participate?

Participant: I agree to answer the questions.

_____

(Signature of locater to whom oral consent was given by participant)

If Respondent Refuses, Read the Following and Then Complete the Visit Record

I'm sorry you will not be able to participate in this survey. May I ask you why you do not want to participate in the survey?

1. No time/busy
2. Not interested
3. Information too sensitive
4. Other (specify)_____
5. No reason given/don't know

Thank you very much for your time. ----------END–COMPLETE THE VISIT RECORD

Visit Record

Visit number	1	2	3	4	5	6	7
Locator #							
Date of visit	Day Month	Day Month	Day Month	Day Month	Day Month	Day Month	Day Month
Result*							

***Result codes**

1. Agree to interview
2. No eligible woman (age 15-49)
3. Nobody home
4. Selected respondent not home
5. Selected respondent refusal
6. Unoccupied house
7. Other(specify)_____