PARTICIPANTS INFORMATION SHEET
Phone survey with LARC acceptors

Title: Client and provider experiences with removal of long-acting contraceptive methods in Senegal

Sponsor: Bill and Melinda Gates Foundation

Introduction
Hello. I am _____and I am representing FHI 360, IntraHealth Senegal, ASBEF, and the Ministry of Health. I am calling to speak with **[client name]**. Can you please confirm that this is **[client name]**?

I am calling in relation to the research study your healthcare provider recently spoke to you about. Your provider asked your permission to give us your number for a study. I am one of the people conducting the study. I will describe the study. Then you can decide if you want to join or not. If you join, I will talk with you about your contraceptive method. It will take about 20 minutes. You will not be charged for this call. The information you provide may be used to help improve family planning services in Senegal. May I continue?

Note to research assistant: If it is not a good time to talk, arrange a better time and write it in the log

Key information
In this study we are talking with about 2,000 women who received an implant or an IUD in the past three years. If you agree to participate, I will ask you questions about your contraceptive method and any experiences with removal. We want to speak to you up to two times: once on the phone today and, if you are selected, once in-person in the next month. Another member of the study team may also call to confirm that you and I spoke today.

We will not tell anyone if you participate. The information you tell us will be included in our report and may be shared with others, but we will not share any information that can be linked to you. There is a very small chance someone can find out what you told us. We will do all we can so that does not happen.

Anything you tell me will not affect your ability to receive services. You do not have to answer any question you do not wish to answer. You can stop the interview at any time. You may end your participation without any penalty at any time and data from the interview will not be used.

Results from this study may help improve health services for women in the future but there is no direct benefit to you.

If you participate, we will push 1000 CFA in mobile money to your phone within one day.

Do you have any questions about what I just told you?

Do you agree to participate in this research study?

☐ YES, participant agreed

☐ NO, participant did not agree

*****NOTE TO IRB: AT THE END OF THE INTERVIEW THE RA SAYS:**

Thank you for completing this survey. If you need information on places to get your method removed, you can contact [contact removed].

If you have any questions about the study, you can contact [contact removed].

If you have questions about your rights in this study, please [contact removed] and/or [contact removed] These groups protect research participants. I will text you this information now.

CONSENT FORM

Date : **[___][___] - [___][___] - [___][___]**
d d m m y y

PARTICIPANT AGREEMENT (AS VERIFIED BY INERVIEWER)

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to me. I have been given an opportunity to have any questions about the study answered to my satisfaction. I agree to participate as a volunteer in this study and understand that I have the right to withdraw from the study at any time.

Interviewer verification of participant agreement:

☐ YES, participant agreed

☐ NO, participant did not agree → **STOP**

INTERVIEWER AGREEMENT

To the interviewer: You must sign below before proceeding. Your signature certifies that the information on this consent form for this study has been read to the participant, all questions were answered, and the participant has provided his/her verbal consent to take part in the research.

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this study have been explained to the above individual, and he/she has provided verbal consent to take part in the study.

_____ _____

Signature of Person who Obtained Consent Date