Participant ID Number: _____

PARTICIPANTS INFORMATION SHEET
Follow-up in person 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 _____. You participated in a phone survey for FHI 360, IntraHealth Senegal, ASBEF, and the Ministry of Health in the last few weeks. I am one of the people conducting the same study.

Information About the Study
We are conducting follow-up interviews with about 550 women. For about 525 women, the interview is a survey questionnaire and for 25 other women, it is an in-depth interview that is more like a conversation. You were randomly selected for the survey. If you agree to participate, the interview will take between 30 and 45 minutes. I will ask questions about your experiences using your contraceptive method and about all the times you saw a provider about your method.

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

Possible Benefits
Results from this study may help improve health services for women in the future. It is an opportunity to share your experiences but there is no direct benefit to you.

Possible Risks
We think that your participation in this research study poses little risk to you. Your decision to participate or 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.

If You Decide Not to Be in the Study
You are free to decide if you want to do this follow-up interview or not. If you decide not to participate, your decision will not affect the health care you would normally receive.

Payment
We will offer you 5,000 CFA to compensate you for coming here today.

Withdrawing from the Study
You may end your participation without any penalty at any time and data from the interview will not be used. If you do withdraw, it will not change the health care you normally receive.

If You Have a Question About a Removal
If you need information on places to get your method removed, you can contact [contact removed].

If You Have a Question About the Study

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

Your rights as a Participant
This study has been reviewed and approved by two ethical review boards:

- The Institutional Review Board of FHI 360
- Comité National d'Ethique pour la Recherche en Santé (CNERS)

If you have any questions about how you are being treated by the study or your rights as a participant you may contact:

[contact 1 removed]

[contact 2 removed]

Do you have any questions?

Do you want a copy of this form?

Do you agree to participate in this research study?

☐ YES, participant agreed

☐ NO, participant did not agree

Participant ID Number: _____

CONSENT FORM

PARTICIPANT AGREEMENT

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.

_____ _____

Signature / Thumbprint of Participant Date

INTERVIEWER AGREEMENT

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.

_____ _____

Signature of Person Who Obtained Consent Date