

APPENDIX H SURVEY CONSENT FORMS

Appendix H1: Survey Consent for Household Interview

Interviewer reads:

What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey

Hello. My name is_____. I would like to invite you to take part in this survey about HIV in Nigeria. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are carrying out the survey with the United States Centers for Disease Control and Prevention (CDC).

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to invite about 98,207 households to take part in this survey. If you take part, you will help the Government of Nigeria make health services better in the country.

Survey Procedures

If you agree to take part in this survey, you will be invited to take part in two interviews: a household interview and a single person interview. In the household interview, we will ask you questions about persons living in your household and the things you have. This interview will last for about 30 minutes.

After the household interview, we will invite you and persons living in your household to take part in single person interviews. The single person interview will take about 40 minutes. We will also offer HIV testing after the interview. We may also offer Hepatitis B and Hepatitis C testing. We will ask each person to give permission to take part before joining the survey.

Potential Risks/Discomfort

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place. Access to the information will be minimized and limited to persons carrying out this survey.

Potential Benefits

You may or may not benefit by taking part in this study. If you take part, you and your household members will get free testing for HIV in your home. In addition, some people may also get free Hepatitis B or Hepatitis C testing. The answers you give will help Government to improve the health services of Nigerians and to develop more effective programs to fight HIV and other diseases.

Alternative to Taking Part

Your alternative is not to take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

It will not cost you anything to take part in this study other than your time.

Payment to Person Taking Part in the Survey

You will not receive any payment for taking part in this survey

Confidentiality and Access to Records

Efforts will be made to protect your household information and your answers to the interview questions. A number will be used instead of your name to identify the answers you give. Any answers included in the final report will not have your name or household on it. The information we collect from you will not be released outside of the study partners listed below unless there is an issue of safety.

{DO NOT READ ALOUD}

The following individuals and/or agencies may look at your household records to make sure that we are protecting your rights as someone who takes part in research:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA)
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your child's rights as a person who takes part in this survey
- Study staff and study monitors

[READ FROM HERE]

Everyone using the survey information will work to keep your personal information secret. Your personal information will not be given out. If you have any questions or concerns about your household rights, or if you believe those rights were violated due to our negligence, you can contact the National Health Research Ethics Committee (NHREC) at

[INDICATE ADDRESS OF POC]

Address:

Federal Ministry of Health,
Federal Secretariat Complex Shehu
Shagari Way,
Garki, Abuja
P.M.B. 083 Garki Abuja
Tel: +234-803-586-8293
E-mail: info@nhrec.net

Refusal to Take Part and Right to Withdraw

Your taking part in this survey is voluntary. You do not have to take part in this survey. You are free to change your mind at any time and stop taking part. Refusal to take part or stopping to take part will not affect the health services you or any member of your household receive. If you decide not to take part or stop taking part, we will ask your permission to give us the reasons and the information you gave will not be included in analysis. If you have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: USCDC Nigeria Country Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Removal from Survey

The person in charge of the survey can remove your household from the survey without your consent. We will notify you if this happens. You will have a chance to ask questions.

Do you want to ask me anything about the survey?

Consent Statement

I have read this form and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had have been answered satisfactorily. I agree to take part in the household interview. I know that after choosing to be in the interview, I may withdraw at any time. My taking part is voluntary. I have been offered a copy of this consent form.

Do you agree to do the household interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.

_____Yes _____No

Head of household signature or mark _____ Date: __/__/__

Printed name of head of household _____

Household ID number _____

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

**Appendix H2: Survey Consent for Individual Adult Interview and Blood Draw
(Age 18 – 64 years)**

Nigeria AIDS Indicator and Impact Survey (NAIS)

[IF PARTICIPANT HAS NOT BEEN THROUGH HOUSEHOLD CONSENT]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Hello. My name is _____. I would like to invite you to take part in this survey about HIV in Nigeria. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are doing it with the United States Centers for Disease Control and Prevention (CDC). You are invited to take part in this survey because you are a member of a household. Taking part in this survey is voluntary.

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people’s risk for getting HIV.

We plan to invite about 137,289 members of households like you to take part in this survey. If you take part, you will help the Government of Nigeria make health services better in the country.

→ **GO TO SURVEY PROCEDURES**

[IF PARTICIPANT HAS BEEN THROUGH HOUSEHOLD CONSENT]

Hello, my name is _____.

Survey Procedures

If you take part in this survey, you will be invited to take part in a single person interview. We will ask you questions about yourself, your sexual and social life, and your awareness of HIV services. We will also ask for your permission to do a free HIV test on you. The interview will take about 40 minutes.

The information is collected on this tablet. The information is stored securely and can only be accessed by selected survey staff. The interview will take place in private here in your house or an area around your house.

After the interview, we will offer you HIV testing and may also offer Hepatitis B and Hepatitis C testing. We will also ask your permission to use your leftover blood later in the laboratory for future testing.

Blood draw and HIV testing procedures

If you agree to take the HIV, test trained laboratory personnel will take a small amount, about 14 mL or about one tablespoon of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give you the HIV results today and offer you counselling services . The testing and counselling session will take about 40 minutes.

If we find HIV in your blood, you will get a Hepatitis B and C test here at home. If we dont find HIV in your blood, you may or may not be selected for Hepatitis B and C testing. We will also test your blood for CD4 cells here at home. The

number of CD4 cells shows how well your body can fight HIV infection and other diseases. We will also test the CD4 cells of some people who do not have HIV in their blood. We will also send your blood to a laboratory to find out your viral load, which is the amount of HIV in your blood. We will send your viral load results to a health facility in about 8-10 weeks from now. We will give you a referral form and information so that you can consult a nurse or doctor to learn more about your HIV, CD4 cells, viral load test results, and your health.

We will also do other additional tests related to HIV.

If we have test results that might help your care or treatment, we will contact you to tell you how you and your doctor or nurse may get these results.

Storage of specimens

We would also like your permission to keep your leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of the Nigerian people, such as nutrition or immunization. This will help the Federal Ministry of Health improve the health of the people of Nigeria. This sample will be kept for at least five years and your information will be linked to the stored sample for the 5-year period and delinked afterward. We will attempt to tell you about any test results that are important to your health during the five-year period. Your leftover blood will not be sold or used for profit making. If you do not agree for us to keep your blood sample, we will destroy your blood sample after all tests for this survey are completed.

Potential Risks/Discomfort

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place.

The risks in drawing blood are very small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. If you have any discomfort, bleeding or swelling at the site, please let us know.

You may learn that you are infected with HIV. Learning that you have HIV may cause some emotional discomfort. You will receive advice on how to cope with learning that you have HIV.

If you are selected for Hepatitis B and C testing, you will learn your Hepatitis B and C status. This may cause some emotional discomfort. You will receive advice on how to cope and where to go for treatment.

We will do everything we can to keep the information on your HIV status a secret. Access to the information will be minimized and limited to persons carrying out this survey.

Potential Benefits

You may or may not benefit by taking part in this study. The answers you give will help Government to improve the health services of Nigerians and to develop more effective programs to fight HIV and reduce its spread in the community. The main benefit for you to take part in this survey is the chance to learn more about your health today. If we do not find HIV in your blood, you will learn about what you can do to prevent becoming infected by HIV. If we find HIV in your blood, the benefit is that you will know your HIV status and where to go for life-saving treatment that is provided by the Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) at no cost to you. If you already know that you are HIV positive and are on HIV treatment, the CD4 and viral load tests will help your nurse or doctor know how well your treatment is working.

Alternative to Taking Part in the Survey

Your alternative is not to take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

It will not cost you anything to take part in this study other than your time.

Payment to Person Taking Part in the Survey

You will not receive any payment for taking part in this survey

Confidentiality and Access to your Health Information

Efforts will be made to protect your personal information and your answers to the interview questions. A number will be used instead of your name to identify the answers you give. Any answers included in the final report will not have your name on it. The information we collect during the survey will not be released outside of the survey groups unless there is an issue of safety. Everyone using the survey information will work to keep your personal information confidential.

[INTERVIEWER: DO NOT READ ALOUD]

The following individuals and/or agencies may look at your research records to make sure that we are protecting your rights as someone taking part in research:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA).
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your child’s rights as a person who takes part in this survey.
- Study staff and study monitors.

[INTERVIEWER: READ FROM HERE]

Your permission to allow us to use and share your name and contact information with the groups above will expire two years after the end of the survey. If you want to leave the study, have any questions about the survey, or feel that you have been harmed by taking part, you should contact NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

[READ FROM HERE]

Refusal to Take Part and Right to Withdraw

Your taking part in this survey is voluntary. You are free to withdraw the permission to use your information and leftover blood at any time. Refusal to take part or withdrawal from the survey will not affect the health services you or any member of your household receive. You do not have to take part in giving your blood samples. Even after you agree to give the blood samples you are free to change your mind and stop taking part. You may agree to let us test your blood for HIV and CD4 counts and other HIV tests. If you do not want to give blood, please tell us. If you decide to stop taking part, there will be no adverse physical, social, economic, legal or psychological consequences for your decision to withdraw from the survey. If you have questions or concerns or complaints or if you need to report a medical injury related to the survey, please contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about the survey?

Consent Statement

I have read this form and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had, have been answered satisfactorily. I agree to take part. I know that after choosing to take part, I may withdraw at any time. My taking part is voluntary. I have been offered a copy of this consent form.

1. Do you agree to do the individual interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.
 _____Yes _____No

2. Do you agree to give blood for HIV, Hepatitis B and C testing and related testing? 'YES' means that you agree to give blood for HIV testing and related testing. 'NO' means that you will NOT give blood for HIV testing, Hepatitis B, and related testing.
 _____Yes _____No

3. Do you agree to have your leftover blood stored for future research? 'YES' means that you agree to have these blood samples stored for future testing. 'NO' means that these blood samples will NOT be stored for future research.
 _____Yes _____No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.
 _____Yes _____No

Participant signature or mark _____ Date: __/__/__

Printed name of participant _____

Participant ID number _____

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

Appendix H3: Parent/Guardian Permission for Children, ages 0-9 years

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Now I would like to ask permission for your son/daughter to take part in the survey. Your child's taking part will help the Federal Ministry of Health and National Agency for the Control of AIDS (NACA) to plan well to fight HIV.

[IF PARENT/GUARDIAN HAS BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Survey Procedures

If you give permission for your child to take part, we will go ahead as mentioned in your consent as follows:

- **[IF CHILD IS 2-9 YEARS OLD]** To do the HIV test in your home, a trained laboratory personnel will take about 6 mL or about 1 teaspoon of blood from your child's arm or a few drops of blood from your child's finger.
- **[IF CHILD IS <2 YEARS OLD]** A trained laboratory person will take a few drops (about 1 mL) from your child's finger or heel for the HIV test.
- We will discuss the results with you and your child, if you want to discuss them with him/her
- If your child has HIV, he/she will get a CD4 test and receive the results today.
- If your child is HIV positive, his/her blood will be sent to a laboratory to determine the viral load. The results will be returned to the clinic or hospital you would like in 8-10 weeks.
- We will give you a referral form so you and your child can consult with a doctor regarding his/her HIV test, and viral load results.
- We will ask for your permission to store your child's leftover blood for future research tests

[FOR CHILDREN ≤18 months ONLY]

The body makes antibodies to fight HIV. Antibodies from a mother with HIV can enter the baby's blood during pregnancy. The test we perform on your child today will let us know if your child has the antibodies that fight HIV. If we find the antibodies, it does not mean your child has the virus in his/her blood. It just shows that he/she has the antibodies to HIV and that the mother is positive. We will need to send your child's blood to a lab for a special test to know if he/she has the HIV virus. If you give us the name of a clinic or hospital, we can send the result there in about 8 to 10 weeks from now. If you give us your contact information, we will also contact you to tell you that the results have been sent to the clinic or hospital you chose. You will be able to talk to a doctor or nurse at the clinic or hospital about the test result. With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving the health of Nigerian children

→ GO TO POTENTIAL STORAGE OF SPECIMENS

[IF PARENT/GUARDIAN HAS NOT BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to invite about 31,000 children to take part in this survey. If you give permission for your child to take part, you will help the Government of Nigeria make health services better in the country.

Survey Procedures

[FOR CHILDREN 2-9 YEARS OLD] If you agree to allow your child to take part in the survey, a trained laboratory person will take a small amount or about 6 mL of blood or about 1 teaspoon from your child's arm to perform an HIV test here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger.

[FOR CHILDREN <2 YEAR OLD] If your child is less than 2 years, we will take a few drops (about 1 mL) from your child's finger or heel for the HIV test.

We will give you the results today and counsel you about the results and how to share the results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and counselling session will take about 40 minutes.

If your child tests positive for HIV, We will test his/her blood for C4 cells here and also send his/her blood to a laboratory to test the amount viral load in his/her blood. CD4 cells are the part of your immune system that fights HIV infection and other diseases while viral load is the amount of HIV in the blood. We will also test the CD4 level of some children without HIV. If you provide us with the name of a health facility, we can send your child's viral load results there about 8 to 10 weeks from now.

We will give you a referral form and information so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count, and viral load. If we have test results that might guide your child's care or treatment, we will contact you to tell you how you and your child's doctor or nurse may get these results.

[For children ages 0-<18 months only]

The body makes antibodies to fight HIV. Antibodies from a mother with HIV can enter the baby's blood during pregnancy. The test we perform on your child today will let us know if your child has antibodies to HIV and if the mother is HIV positive. If we find the antibodies, it does not mean your child has the HIV virus in his/her blood. It just tells us that he/she has antibodies to HIV. We will need to send your child's blood sample to a lab for a special test to know if he/she truly has the HIV virus. If you give us the name of a clinic or hospital you would like to send the result to, we can send the result there in about 8 - 10 weeks from now. If you give us your contact information, we will also contact you to tell you that the results have been sent to the clinic or hospital,. You will be able to talk to a doctor or nurse at the clinic or hospital about the test result.

Storage of specimens

We would like to ask for your permission to store your child's leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of about 170 million Nigerians, such as nutrition or immunization. This sample will be stored for at least five years, but your child's name will be linked to the sample for only five years. We will attempt to tell you about any test results during the five-year period that are important for your child's health. Your child's leftover blood sample will not be sold or used for profit making. If you do not agree to long-term storage of your child's blood samples, we will destroy your child's blood samples after all tests for this survey are completed.

Potential Risks

The risks to being in the survey and drawing blood are small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. We will do everything we can to minimize these risks and keep your child's information private.

Potential Benefits

The main benefit for your child to be in the survey is the chance to learn more about his/her health today. Some children who take part will have HIV virus found in their blood. If this happens to your child, the benefit is that you will learn his/her HIV and will learn where to take your child for life-saving treatment for HIV that is provided by the Federal Ministry of Health at no cost to you. If you already know that your child has HIV and he/she is taking treatment, the CD4 and viral load tests can help your child's doctor or nurse to find out how well the treatment is working. Your child's taking part in this research could help us learn more about children and HIV in Nigeria and how HIV prevention and treatment programs are working.

Alternative to Taking Part in the Survey

Your alternative is not to let your child take part in the survey. If you choose not to let him/her takes part, the services you and your child receive will not be affected in any way.

Costs to Person Taking Part in the Survey

There is no cost to you for your child being in the survey. All the tests are given at no cost to you.

Payment to Person Taking Part in the Survey

You should also know that you and your child will not be paid for taking part in the survey.

Confidentiality and Access to Your Health Information

We will do everything we can to keep your child’s taking part in the survey private. The information we collect from your child will be identified by a number and not by your name or your child’s name. Your name and your child’s name will not appear when we share survey results. The information we collect from your child will not be released outside of the survey groups listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following individuals and/or agencies will be able to look at your child’s research records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your child’s rights as he/she takes part in the survey. These include the National Health Research Ethics Committee (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA),
- The United States Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your child’s rights as he/she takes part in this survey
- Study staff and study monitors

[INTERVIEWER: READ FROM HERE]

Your permission to allow us to use and share your child’s name and contact information with the groups above will expire two years after the end of the survey. If you want your child to leave the study, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact NHREC at:

[INDICATE ADDRESS OF POC]

Address:

Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Refusal to Take Part and Right to Withdraw

It is your decision whether you will allow your child to join the survey. Your child may stop taking part at any time. If your child does not take part, it will not affect your child’s health care in any way. Even after you agree to give your child’s blood samples, you are free to change your mind and stop taking part. You may agree to let us test your child’s blood for HIV and CD4 counts and other HIV testing and not agree to have his/her blood be kept for future research tests. If you do not want to give your child’s blood, please tell us. If you decide to stop taking part, we will request you to complete a refusal/withdrawal form and the samples you gave will not be included in analysis. Your permission to allow us to use and share your child’s information with the groups above will expire two years after the end of the survey. If you want to leave the survey, or have the leftover specimen destroyed, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator: ...

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige

Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about your child’s taking part in the survey?

Consent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to take part, I may change my mind and withdraw him/her from taking part in this survey at any time. I have been offered a copy of this consent form.

1. Do you agree that your child give blood for HIV testing and related testing? ‘YES’ means that you give your permission to have the nurse collect a sample of your child’s blood for HIV testing and related testing. ‘NO’ means that your child will NOT give blood for HIV testing and related testing.

_____Yes _____No
 (if “Yes” proceed to the next question)

2. Do you agree to have your child’s leftover blood stored for future research? ‘YES’ means that you give permission for your child’s leftover blood samples to be stored for future research. ‘NO’ means that your child’s blood samples will NOT be stored for future research.

_____Yes _____No

3. Do you agree to be contacted should these future studies have clinically actionable results that are related to your child’s health? ‘YES’ means that you agree to be contacted. ‘NO’ means that you don’t agree to be contacted.

_____Yes _____No

Parent/guardian signature or mark _____ Date: ___/___/___

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here ___)

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____

Child’s name (print) _____

Child’s participant ID number _____

**Appendix H4: Parent/Guardian Permission for Child Interview and Blood Draw
[ages 10-17 years]**

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Now I would like to ask you to give us permission to invite your son/daughter to take part in the survey. Your child's taking part will help the Federal Ministry of Health and the National Agency for the Control of AIDS make HIV services better.

[IF PARENT/GUARDIAN HAS BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Survey Procedures

If you and your child agree, the following will happen, as described in your own consent:

- We will ask questions on HIV and your child's behaviors (about 40 minutes) in private. Your child's answers will not be shared with you.
- To do the HIV test in your home.

[IF 10-14 YEARS]:

- A trained lab technician will take about 6 mL (about 1 teaspoon) of blood from your child's arm or a few drops of blood from your child's finger.
- We will discuss the results with you. We can discuss the results with you and your child together, if you so choose.
- If your child is HIV positive, we will test his/her blood for CD4 cells count here at home. We will send his/her blood to a laboratory to determine the viral load. The results will be returned to the clinic or hospital you would like in 8 – 10 weeks. We will give you a referral form so you and your child can consult with a doctor regarding his/her HIV test, CD4 count and viral load results
- With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

[IF 15-17 YEARS]:

- A trained lab technician will take about 14 mL (about one tablespoon) of blood from your child's arm or a few drops of blood from your child's finger.
- We will discuss the results with you. We can discuss the results with you and your child together, if you so choose.
- If your child is HIV positive, we will test his/her blood for CD4 cells count here at home. We will send his/her blood to a laboratory to determine the viral load. The results will be returned to the clinic or hospital you would like in 10-12 weeks. We will give you a referral form so you and your child can consult with a doctor regarding his/her HIV test, CD4 count and viral load results
- If your child is HIV positive, he/she will also get a Hepatitis B and C test. If you child tests positive for Hepatitis B or C, we will give you a referral form so you and your child can consult with a doctor regarding his/her test results.
- If your child is HIV negative, he/she may be randomly selected for CD4 testing and for Hepatitis B and C testing. If we have test results that might guide your child's care or treatment, we will give you a referral form so you and your child can consult with a doctor regarding his/her test results.
- With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

→ GO TO STORAGE OF SPECIMENS

[IF PARENT/GUARDIAN HAS NOT BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to invite about 31,000 children to take part in this survey. If you give permission for your child to take part, you will help the Government of Nigeria make health services better in the country.

Survey Procedures

If you agree to allow us to invite your child to take part in the survey, we will ask your child to do an interview with us in private to learn what your child knows about HIV and about your child's behaviors that may put him or her at risk for HIV. The interview will take about 40 minutes. We will not share your child's answers to the interview questions with you. The interview will take place in private here in your house or an area around your house.

[IF 10-14 YEARS]: If you and your child agree, a trained laboratory person will take a small amount or about 6 mL (about 1 teaspoon) of blood from your child's arm to perform an HIV test here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger. We will give you the results today and discuss with you how to share the results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and advice session will take about 40 minutes.

If your child tests positive for HIV, we will test his/her blood for CD4 cells count here at home and send his/her blood to a laboratory to test the viral load in his/her blood. CD4 cells are the part of your immune system that fights HIV infection and other diseases while viral load is the amount of HIV in the blood. We will also test the CD4 level of some children without HIV. If you provide us with the name of a health facility, we can send your child's viral load results there about 8 to 10 weeks from now. We will give you a referral form and information so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count, viral load, and health.

We will also do other additional tests related to HIV. If we have test results that might help your child's care or treatment, we will contact you to tell you how you and your child's doctor or nurse may get these results.

With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

[IF 15-17 YEARS]: If you and your child agree, a trained laboratory personnel will take a small amount or about 14 mL (about one tablespoon) of blood from your child's arm to perform an HIV test here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger. We will give you the results today and discuss with you how to share the results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and advice session will take about 40 minutes.

If your child tests positive for HIV, we will test his/her blood for CD4 cells count here at home and send his/her blood to a laboratory to test the viral load in his/her blood. CD4 cells are the part of your immune system that fights HIV infection and other diseases while viral load is the amount of HIV in the blood. We will also test the CD4 level of some children without HIV. If you provide us with the name of a health facility, we can send your child's viral load results there about 8 to 10 weeks from now. We will give you a referral form and information so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count, viral load, and health.

If your child tests positive for HIV, we will test his/her blood for Hepatitis B and C. If your child test positive for Hepatitis B and/or C, we will give you a referral form and information so that you and your child can consult with a

doctor or nurse to learn more about his/her Hepatitis and health.

If your child is HIV negative, he/she may be randomly selected for CD4 testing and for Hepatitis B and C testing. If we have test results that might guide your child's care or treatment, we will give you a referral form so you and your child can consult with a doctor regarding his/her test results.

We will also do other additional tests related to HIV. If we have test results that might help your child's care or treatment, we will contact you to tell you how you and your child's doctor or nurse may get these results.

With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

Storage of specimens

We would like to ask for your permission to store your child's leftover blood for future tests. These tests may be about HIV or other health issues important for the health of Nigerian people such as nutrition or immunization. This sample can be stored for at least five years, but your child's name will be linked to the sample for five years. We will attempt to tell you about any test results during the five-year period that are important for your child's health. Your child's leftover blood will not be sold or used for profit making. If you do not agree to long-term storage of your child's blood samples, we will destroy your child's blood samples after all tests for this survey are completed.

Potential Risks

Your child may feel uncomfortable answering some of the questions. Your child does not need to answer any question(s) if they feel the question(s) makes them feel uncomfortable.

The risks to being in the survey and drawing blood are small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. We will do everything we can to minimize these risks and keep your child's information private.

Potential Benefits

There may be no direct benefit to your child for taking part in the interview. The main benefit for your child is the chance to learn more about his/her health today. Some children who take part will be found to have HIV. If this happens to your child, the benefit is that you will learn his/her HIV status and will learn where to take your child for free HIV treatment that is given by the Federal Ministry of Health. If you already know that your child has HIV and he/she is taking drugs for HIV, the CD4 and viral load tests can help your child's doctor or nurse to know how well the drugs are working. Your child's taking part in this research could help us learn more about children and HIV in Nigeria and how HIV prevention and treatment programs are working.

Alternative to Taking Part in the Survey

Your alternative is not to let your child take part in this survey. If you choose not to let him/her take part, the services you all receive will not be affected in any way.

Costs to Person Taking Part in the Survey

There is no cost to you for your child being in the survey.

Payment to Person Taking Part in the Survey

You should also know that you and your child will not be paid for your child to be in the survey.

Confidentiality and Access to Your Child's Health Information

We will do everything we can to keep information about your child's secret. The information we collect from your child will be identified by a number and not by your name or your child's name. Your name and your child's name will not appear when we share survey results. The information we collect from your child will not be released outside of the study partners listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following individuals and/or agencies may look at your child’s research records to make sure that we are protecting your child’s rights as he/she takes part in the survey:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA)
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your child’s rights as a person who takes part in this survey
- Study staff and study monitors

[INTERVIEWER: READ FROM HERE]

Your permission to allow us to use and share your child’s name and contact information with the groups above will expire two years after the end of the survey. If you want your child to leave the study, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Refusal to Take Part and Right to Withdraw

It is your decision about whether you will allow us to invite your child to take part in the survey. Your child may stop taking part at any time. [ONLY IF CONDUCTING ADOLESCENT QUESTIONNAIRE] If your child does not want to answer some of the questions, she/he may skip them and move to the next question. If you agree to allow us to invite your child to take part, you will have the option for your child to test for HIV and CD4 counts and the option to have his/her blood stored for future research. If your child does not take part, it will not affect your child’s health care in any way. If you decide to take your child out of the survey, we will request you to complete a refusal/withdrawal form and the samples you gave will not be included in analysis. If you have any questions about the survey, or feel that your child has been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about your child’s participation in the survey?

Permission Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask

questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to take part, I may change my mind and withdraw him/her from taking part in this survey at any time.

I agree to allow you to ask my child to be in this survey. I know that after allowing my child to decide whether he/she wants to be in this survey, he/she may withdraw at any time. His/her taking part is voluntary. I have been offered a copy of this permission form.

1. Do you agree for us to ask your child to do the interview? 'YES' means that you give your permission to have the survey staff ask your child to do the interview. 'NO' means that you do NOT give permission for us to ask your child to be interviewed.

_____ Yes _____ No

2. Do you agree for us to ask your child to give blood for HIV testing, Hepatitis B and C and related testing? 'YES' means that you give your permission for us to ask your child to have the laboratorian collect a sample of your child's blood for HIV testing and related testing. 'NO' means that we will NOT ask your child to give blood for HIV testing and related testing.

_____ Yes _____ No

(if "Yes" proceed to the next question)

3. Do you agree for us to ask your child to have your child's leftover blood stored for future research? 'YES' means that you give permission for us to ask your child to store your child's blood samples for future research. 'NO' means that you do NOT give us permission to ask your child to store his/her blood samples for future research.

_____ Yes _____ No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your child's health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.

_____ Yes _____ No

Parent/guardian signature or mark _____ Date: ___/___/___

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here ___)

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining permission _____ Date: ___/___/___

Printed name of person obtaining permission _____

Survey staff ID number _____

Child's name (print) _____

Child's participant ID number _____

**Appendix H5: Survey Assent for Interview and Blood Draw
[Ages 15-17 years]**

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Hello. My name is _____. I would like to invite you to take part in a survey of Nigerians to learn more about HIV in the country. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are doing it with the United States Centers for Disease Control and Prevention (CDC). You are invited to take part in this survey because you are a member of a household. Taking part in this survey is voluntary.

Purpose of the survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to ask over 31,000 young persons some of them aged 15-17 years like you and live in a household to join this survey. A survey is a way to learn new information about something by asking questions and testing many people.

We would like to invite you to join this survey. Your parent/guardian said it was okay for us to ask you to join the survey. This form might have some words in it that are not familiar to you. Please ask us to explain anything that you do not understand.

Survey Procedures

If you take part in this survey, you will be invited to take part in a single person interview. We will ask you questions about yourself, your sexual and social life and your awareness of HIV services. We will also ask for your permission to do a free HIV test on you. The interview will take about 40 minutes.

The information is collected on this tablet. The information is stored securely and can only be accessed by selected survey staff. The interview will take place in private here in your house or an area around your house.

After the interview, we will offer you HIV testing and may also offer Hepatitis B and Hepatitis C testing. We will also ask your permission to use your blood later in the laboratory for future testing.

Blood draw and HIV testing procedures

If you agree to take the HIV test, trained laboratory personnel will take a small amount, about 14 mL or one tablespoon of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give your parent or guardian the HIV results today and offer counselling services. The testing and counselling session will take about 40 minutes.

If we find HIV in your blood, you will get a Hepatitis B and C test here at home. We will also test your blood for CD4 cells here at home. CD4 cells shows how well your body can fight HIV infection and other diseases. We will also test the CD4 cells of some people who do not have HIV in their blood. We will also send your blood to a laboratory to find out your viral load which is the amount of HIV in your blood. We will send your viral load results to a health facility in about 8-10 weeks from now. We will give your parent or guardian a referral form and information so that you and

your parent or guardian can consult a nurse or doctor to learn more about your HIV, CD4 cells, viral load test results, and your health.

We will also do other additional tests related to HIV. Some HIV-negative people may also be randomly selected for Hepatitis B and Hepatitis C testing.

If we have test results that might help your care or treatment, we will contact your parent or guardian to tell you how you and your doctor or nurse may get these results.

Storage of specimens

We would also like your permission to keep your leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of Nigerian people, such as nutrition or immunization. This will help the Federal Ministry of Health improve the health of the people of Nigeria. This sample can be kept for at least five years and your name will be linked to the sample for the five years. We will attempt to tell you about any test results during the five-year period that are important to your health. Your leftover blood will not be sold or used for profit making. If you do not agree for us to keep your blood sample, we will destroy your blood sample after all tests for this survey are completed.

Potential Risks/Discomfort

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place.

The risks in drawing blood are very small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. If you have any discomfort, bleeding or swelling at the site, please let us know.

You may learn that you are infected with HIV. Learning that you have HIV may cause some emotional discomfort. You will receive advice on how to cope with learning that you have HIV.

If you are selected for Hepatitis B and C testing, you will learn your Hepatitis B and C status. This may cause some emotional discomfort. You will receive advice on how to cope and where to go for treatment.

We will do everything we can to keep the information on your HIV status a secret. Access to the information will be minimized and limited to persons carrying out this survey.

Potential Benefits

You may or may not benefit by taking part in this study. The answers you give will help Government to improve the health services of Nigerians and to develop more effective programs to fight HIV and reduce its spread in the community. The main benefit for you to take part in this survey is the chance to learn more about your health today. If we do not find HIV in your blood, you will learn about what you can do to stay away from HIV. If we find HIV in your blood the benefit is that you will know your HIV status and where to go for free life-saving treatment that is provided by the Federal Ministry of Health and the National Agency for the Control of AIDS (NACA). If you already know that you are HIV-positive and are on HIV treatment, the CD4 and viral load tests will help your nurse or doctor know how well your treatment is working.

Alternative to Taking Part in the Survey

Your alternative is to not take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

There is no cost to you or to your parent/guardian if you take part in this survey.

Payment to Person Taking Part in the Survey

You should also know that you and your parent/guardian will not be paid to be in the survey.

Confidentiality and Access to Your Health Information

What we talk about will be kept secret and will not be shown to anyone outside of the survey team. Your answers to the questions will be identified only by a number. Your name will not appear when we share survey results. You can choose to tell your parent/guardian about the interview. However, we will not tell your answers to your parent or guardian. The information we collect during the survey will not be released outside of the survey groups listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following persons and/or agencies may look at your research records to make sure that we are protecting your rights as he/she takes part in the survey:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA).
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your rights as a person who takes part in this survey.
- Study staff and study monitors.

[INTERVIEWER: READ FROM HERE]

If you want to leave the study, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

[READ FROM HERE]

Refusal to Take Part and Right to Withdraw

You do not have to take part in the survey. Even If you choose to join the survey, you may change your mind at any time and stop taking part. If you decide not to take part, it will not affect your health care in any way. Your permission to allow us to use and share your information with the groups above will expire two years after the end of the survey. If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about the survey?

Assent statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had were answered satisfactorily. I agree to be in this survey. I know that after choosing to be in this survey, I may withdraw at any time. My taking part is voluntary. I have been offered a copy of this assent form.

1. Do you agree to do the interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.
 Yes No

2. Do you agree to have your blood tested for HIV Testing, Hepatitis B and C, and other related testing during this survey? 'YES' means that you agree to give blood for Hepatitis B and Hepatitis C testing. 'NO' means that you will NOT give blood for HIV and other related testing
 Yes No

3. Do you agree to have your leftover blood stored for future research? 'YES' means that you agree to have these blood samples stored for future testing. 'NO' means that these blood samples will NOT be stored for future research.
 Yes No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.
 Yes No

Participant signature or mark _____ Date: __/__/__
 Printed name of participant _____
 Participant ID number _____
 Printed name of parent/guardian _____

[For illiterate child]

Signature of witness _____ Date: __/__/__
 Printed name of witness _____

Signature of person obtaining assent _____ Date: __/__/__
 Printed name of person obtaining assent _____
 Survey staff ID number _____

Appendix H6: Survey Assent for Adolescent Interview and Blood Draw
[Ages 10-14 years]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIS)

Hello. My name is _____. I would like to invite you to take part in a survey of Nigerians to learn more about HIV in the country. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are doing it with the United States Centers for Disease Control and Prevention (CDC). You are invited to take part in this survey because you are a member of a household. Taking part in this survey is voluntary.

Purpose of the survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to ask over 31,000 young persons, some of them aged 10-14 years like you and live in a household, to join this survey. A survey is a way to learn new information about something by asking questions and testing many people.

We would like to invite you to join this survey. Your parent/guardian said it was okay for us to ask you to join the survey. This form might have some words in it that are not familiar to you. Please ask us to explain anything that you do not understand.

Survey Procedures

If you take part in this survey, you will be invited to take part in a single person interview. We will ask you questions about yourself, your sexual and social life and your awareness of HIV. We will also ask for your permission to do free HIV test on you. The interview will take about 40 minutes.

The information is collected on this tablet. The information is stored securely and can only be accessed by selected survey staff. The interview will take place in private here in your house or an area around your house.

Blood draw and HIV testing procedures

If you agree to take the HIV test, trained laboratory personnel will take a small amount, about 6 mL or 1 teaspoons of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give your parent or guardian the HIV results today and offer counselling services. The testing and counselling session will take about 40 minutes.

If we find HIV in your blood, will also test your blood for CD4 cells count here at home. CD4 cells shows how well your body can fight HIV infection and other diseases. We will also test the CD4 of some people who do not have HIV in their blood. We will also send your blood to a laboratory to find out your viral load which is the amount of HIV in your blood. We will send your viral load results to a health facility in about 10-12 weeks from now. We will give your parent or guradian a referral form and information so that they can consult a nurse or doctor to learn more about your HIV, CD4 cells, viral load test results, and your health.

If we have test results that might help your care or treatment, we will contact your parent or guardian to tell them how to get the results.

Storage of specimens

We would also like your permission to keep your leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of Nigerian people, such as nutrition or immunization. This will help the Ministry of Health improve the health of the people of Nigeria. This sample can be kept for at least five years and your name will be linked to the sample for the five years. We will attempt to tell you about any test results during the five-year period that are important to your health. Your leftover blood will not be sold or used for profit making. If you do not agree for us to keep your blood sample, we will destroy your blood sample after all tests for this survey are completed.

Potential Risks and benefits

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place.

The risks in drawing blood are very small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. If you have any discomfort, bleeding or swelling at the site, please let us know.

We will do everything we can to keep the information on your HIV status a secret. Access to the information will be minimized and limited to persons carrying out this survey.

Alternative to Taking Part in the Survey

Your alternative is to not take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

There is no cost to you or to your parent/guardian if you take part in this survey.

Payment to Person Taking Part in the Survey

You should also know that you and your parent/guardian would not be paid to be in the survey.

Confidentiality and Access to Your Health Information

What we talk about will be kept secret and will not be shown to anyone outside of the survey team. Your answers to the questions will be identified only by a number. Your name will not appear when we share survey results. You can choose to tell your parent/guardian about the interview. However, we will not tell your answers to your parent or guardian. The information we collect during the survey will not be released outside of the survey groups listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following persons and/or agencies may look at your research records to make sure that we are protecting your rights as he/she takes part in the survey:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA).
- The U.S. Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your rights as a person who takes part in this survey.
- Study staff and study monitors.

[INTERVIEWER: READ FROM HERE]

If you want to leave the study, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

[READ FROM HERE]

Refusal to Take Part and Right to Withdraw

You do not have to take part in the survey. Even If you choose to join the survey, you may change your mind at any time and stop taking part. If you decide not to take part, it will not affect your healthcare in any way. Your permission to allow us to use and share your information with the groups above will expire two years after the end of the survey. If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about the survey?

Assent statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had were answered satisfactorily. I agree to be in this survey. I know that after choosing to be in this survey, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this assent form.

1. Do you agree to do the interview? ‘YES’ means that you agree to do the interview. ‘NO’ means that you will NOT do the interview.
 _____Yes _____No
2. Do you agree to have your blood tested for HIV Testing and other related testing during this survey? ‘YES’ means that you agree to give blood for HIV testing. ‘NO’ means that you will NOT give blood for HIV testing
 _____Yes _____No
3. Do you agree to have your leftover blood stored for future research? ‘YES’ means that you agree to have these blood samples stored for future testing. ‘NO’ means that these blood samples will NOT be stored for future research.
 _____Yes _____No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.

_____ Yes _____ No

Participant signature or mark _____ Date: __/__/__

Printed name of participant _____

Participant ID number _____

Printed name of parent/guardian _____

[For illiterate child]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining assent _____ Date: __/__/__

Printed name of person obtaining assent _____

Survey staff ID number _____

Appendix H7: Consent to Share Contact Information for Active Linkage to Care of Participants and Parents of Minors 0-14 years

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIS)

Purpose of consent

Your child had a positive HIV test today. We have provided you with a referral form that you and your child can take to a health clinic to seek HIV treatment and care. We would like to help you and your child in accessing the health care that your child needs. If you agree, we will provide your contact information and your child’s HIV results to health workers or counselors from a trained social service organization. This counselor will contact you to talk to you and your child about HIV and help you and your child go for HIV care. Anyone who is provided with you and your child’s details will be experienced in providing support to people living with HIV and will be trained in maintaining confidentiality.

What do you have to do if you agree to take part?

If you agree for your child’s information to be shared, and to be contacted, we will provide your name, phone number (if you provided it to us) and your address to those counselors to provide you with support. The counselor can contact you by short message service (SMS), by phone, or in person.

What are the potential risks?

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

A counselor will assist you in accessing the health care needed by your child.

What about confidentiality?

Your child’s HIV test results and your child’s contact information will not be shared with any other parties aside from what was specified in the other consent forms, and with this support organization. They will also do their utmost to maintain your child’s confidentiality. However, we cannot guarantee complete confidentiality.

Who should you contact if you have questions?

If you change your mind or have any questions or feel that your child has been harmed by taking part, you should contact the Investigator listed below:

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

If you decide your child should leave the study, no more information will be collected from you. However, we will not be able to take back the information that has already been collected and shared.

If you have any questions about your child’s rights as a person in this survey, you can contact:

National Health Research Ethics Committee of Nigeria
 Address: Federal Ministry of Health, Federal Secretariat Complex, Abuja
 Tel: +234-803-586-8293

Do you want to ask me anything about the survey?

Consent Statement

Any questions that I had were answered satisfactorily. I have been offered a copy of this consent form.

1. Do you agree to allow us to share your contact information with the State Ministry of Health or a partner that Ministry of Health works with, who may contact you to assist and support you and your child in seeking HIV care? ‘YES’ means that you agree for your information to be shared. ‘NO’ means that you do not agree for your information to be shared.

_____ Yes _____ No

2. If yes, do you agree to be contacted by?

SMS _____ Yes _____ No

Phone call _____ Yes _____ No

In person _____ Yes _____ No

Parent/guardian signature or mark _____ Date: __/__/__

Printed name of parent/guardian _____

Participant ID number _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

**Appendix H8: Consent to Share Contact Information for Active Linkage to Care
(Participants 18-64 Years)**

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIS)

Purpose of consent

You had a positive HIV and/or Hepatitis B or Hepatitis C test today. We have provided you with a referral form to bring to a health clinic and seek HIV treatment and/or Hepatitis B or Hepatitis C care. We would like to help you in accessing the health care that you need. If you agree, we may be able to provide your contact information and HIV and or Hepatitis B or C test results to healthcare workers from the State Ministry of Health (SMOH) or to a partner that the SMOH work with. This healthcare worker will contact you to talk to you about HIV and or Hepatitis B or C and help you go for appropriate treatment and care. Anyone who is provided with your details will be experienced in providing support to people living with HIV and or Hepatitis B or Hepatitis C infection and will be trained in maintaining confidentiality.

What do you have to do if you agree to take part?

If you agree for your information to be shared and to be contacted, we will provide your name, phone number (if you provided it to us) and your address to those health care providers to provide you with support. The health care worker can contact you by short message service (SMS), by phone or in person based on your preference.

What about confidentiality?

Your HIV and or Hepatitis B or C test results and your contact information will not be shared with any other parties aside from what was specified in the other consent forms, and with this support organization. They will also do their utmost to maintain your confidentiality. However, we cannot guarantee complete confidentiality.

What are the potential risks?

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

A healthcare worker will assist you in accessing the health care that you need.

Who should you contact if you have questions?

If you change your mind or have any questions or feel that you have been harmed by taking part, you should contact any of the Principal Investigators listed below:

Dr. Evelyn Ngige
Address: Federal Ministry of Health
Phone: +234-803-303-8090
Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
Address: US CDC Nigeria Office
Phone: +234-806-051-0525
Email: idalhatu@cdc.gov

You may also wish to contact the Nigerian National Health Research Ethics Committee (NHREC) if you feel your rights have been violated in this study:

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Consent Statement

Any questions that I had were answered satisfactorily. I have been offered a copy of this consent form.

If you agree to allow us to share your contact information with the SMOH or a partner that the SMOH works with who can help you go to a clinic to receive HIV treatment, care and support, please state the following:

“I agree to allow my contact information to be shared with the SMOH or a partner that the SMOH/ works with, to help me go to a clinic to receive HIV treatment and/or HBV, HCV, care and support”

 Check this box if participant AGREES to have their contact information shared with SMOH or their partner

If you DO NOT agree to allow us to share your contact information with SMOH or a partner that SMOH works with who can help you go to a clinic to receive treatment, care and support, please state the following:

“I DO NOT agree to allow my contact information to be shared with the SMOH or a partner that the SMOH works with, to help me go to a clinic to receive HIV treatment, and/or Hepatitis B or Hepatitis C infection care and support”

 Check this box if participant DOES NOT AGREE to have their contact information shared with SMOH or their partner

1. If yes, do you agree to be contacted by?

SMS Yes No

Phone call Yes No

In person Yes No

Participant ID number _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____

**Appendix H9: Parent/Guardian Consent to Share Contact Information for Active Linkage
(Children 15-17 years)**

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIS)

Purpose of consent

Your child had a positive HIV and/or Hepatitis B or Hepatitis C test today. We have provided you with a referral form so that you and your child can take to a health clinic and seek HIV treatment and care or Hepatitis B or C care. We would like to help you and your child in accessing the health care that your child needs. If you agree, we might be able to provide your contact information and your child's HIV results and/or Hepatitis B or C to healthcare workers from the State Ministry of Health (SMOH) or a partner that the SMOH works with. This counselor will contact you to talk to you and your child about HIV and help you and your child go for HIV care. Anyone who is provided with you and your child's details will be experienced in providing support to people living with HIV and or Hepatitis B or Hepatitis C infection and will be trained in maintaining confidentiality.

What do you have to do if you agree to take part?

If you agree for your child's information to be shared, and to be contacted, we will provide your name, phone number (if you provided it to us) and your address to those health care workers to provide you with support. The health care worker can contact you by short message service (SMS), by phone or in person based on your preference.

What about confidentiality?

Your HIV, Hepatitis B, or Hepatitis C test results and your contact information will not be shared with any other parties aside from what was specified in the other consent forms, and with this support organization. They will also do their utmost to maintain your confidentiality. However, we cannot guarantee complete confidentiality.

What are the potential risks?

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

A healthcare worker will assist you in accessing the health care needed by your child.

Who should you contact if you have questions?

If you change your mind or have any questions or feel that you have been harmed by taking part, you should contact any of the Principal Investigators listed below:

Dr. Evelyn Ngige
Address: Federal Ministry of Health
Phone: +234-803-303-8090
Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
Address: US CDC Nigeria Office
Phone: +234-806-051-0525
Email: idalhatu@cdc.gov

You may also wish to contact the Nigerian National Health Research Ethics Committee (NHREC) if you feel your rights have been violated in this study:

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Consent Statement

Any questions that I had were answered satisfactorily. I have been offered a copy of this consent form.

If you agree to allow us to share your child's contact information with SMOH or a partner that SMOH work with who can help you and your child go to a clinic to receive HIV treatment, and or Hepatitis B or Hepatitis C infection care and support, please state the following:

"I agree to allow my child's contact information to be shared with the staff of SMOH or a partner that the SMOH work with, to help me and my child go to a clinic to receive HIV treatment, and/or Hepatitis B or C care and support"

 Check this box if participant AGREES to have their child's contact information shared with SMOH or their partner

If you DO NOT agree to allow us to share your child's contact information with SMOH a partner that the SMOH works with who can help you and your child go to a clinic to receive treatment, care and support, please state the following:

"I DO NOT agree to allow my child's contact information to be shared with the SMOH or a partner that the SMOH works with, to help me and my child go to a clinic to receive HIV treatment, and/or Hepatitis B or Hepatitis C infection care and support"

 Check this box if participant DOES NOT AGREE to have their child's contact information shared with MOH/ the MOHCGEC or their partner

1. If yes, do you agree to be contacted by?

SMS Yes No

Phone call Yes No

In person Yes No

Parent/guardian's Participant ID number _____

Child's Participant ID number _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____