**CONSENT FORM FOR PUBLIC INVOLVEMENT IN DEVELOPING SENSORS TO ASSESS HEALTH IN PREGNANCY (PRIME) IN THE CONTEXT OF WOMENS GROUPS**

*We are looking at ways to find out if women are healthy in pregnancy. We also want to know if meeting in a group helps any women who find they might have problems in pregnancy. Today, we would like to show you some of the ways you can measure your own health, and to talk to you as a group about what you think about this. We wont write down your names, but we would like to know a few details about you (if you are pregnant now, and if so how many weeks, how many babies you have had already, and your age). This is so that we can understand what is said in the group with the background of all your experiences of pregnancy. We will use what you say to improve the devices we use to measure womens health, and to understand how womens groups can help with this. If you don’t want to talk in the group, or if you don’t want to give us any information about you, that is ok, just let us know, and we wont include you or your details. If you say something that you don’t want us to write down, let us know and we will make sure it isn’t in our records*

(This section is mandatory)

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction.

I consent voluntarily to be a participant in this study

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

*If illiterate [[1]](#footnote-1)*

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness\_\_\_\_\_\_\_\_\_\_\_\_

Thumb print of participant

Signature of witness \_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Discussion in a group

2. Trying out health care sensors

3. Providing information about their age and pregnancy history

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Name of Researcher/person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher /person taking the consent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year

1. A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well. [↑](#footnote-ref-1)