Consent form 943

CONSENT FORM



FOOD CONSUMPTION PATTERNS YEARS OF AGE IN SOUTH AFRICA:

SURVEY IN CHILDREN 1-9 A NATIONAL SURVEY

ETHICS COMMITTEE REFERENCE NUMBER

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT

i, the	undersigned,
[ID	of the
partic	ipant (child) in the survey
[ID] of
	(address)
A	I confirm that:
1.	I/the participant (child) has been asked to participate in the above-mentioned research survey of the Department of Healthcarried out by the University of

- 2. It has been explained to me, that:
- 2.1 The purpose of the research survey is to collect information on what types of foods children in the ages 1-9 years in South Africa eat. The information collected will be used to determine the intake of various nutrients by these children and to decide whether extra nutrients should be added to foods children eat to make them more nutritious
- 2.2 In order to collect this information I have been told that a number of questions regarding the types and amounts of foods the participant (child) eats and how often these foods are eaten. I have been also told that the person asking me the questions will have a look in my food cupboards to see what foods of those the participant (child) eats are available in the house at the time the questions are asked of me. The participant (child) will also be weighed and his height/length and the circumference of his/hers right upper arm will be measured.
- 2.3 I have been told that this information will be collected from over 3 000 children in the country and I will only be asked these questions once. The measurements on the participant (child) will also be done once.
- 2.4 I have also been told that this research survey is being done in the whole country for the

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benefit of the country's children.

3. I was told that in order to get the answers to all the questions it will take approximately 2 hours. I was also told that the measurements on the participant (child) will not cause any pain or harm to the participant (child) in any way.

- 4. It was also explained to me that by participating in the research survey I will be helping all the children in the country.
- 5. It was also explained to me that the information I will give will be kept confidential but that it will be used anonymously for making known the findings to other scientists.
- 6. I/the participant (child) can have no direct access to the results of the survey but I can contact the researcher who will inform me of the findings on the participant (child).
- 7. It was also clearly explained to me that I can refuse to participate in this research survey or I can stop answering the questions at any time during the interview. If this was to happen, I will not be disadvantaged in any way and it will not be held against me.
- 9. No pressure was applied on me/the participant (child) to take part in this research survey.
- 10. Finally, participation in this research survey will have no costs for me /the participant (child).

В	I/the participant (child) hereby agree voluntarily to take part in this research surve		
Signe	ed/confirmed at	on 19	
Partic	cipant's/representative of participant's	Witness	
Signa	ature or hand mark		

DECLARATION BY OR ON BEHALF OF RESEARCHER

,	,	declare	that:
,	,		

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1.	I have explained the inform participant) or his/her representative);		(name of the		
2.	I asked the participant OR his/her representative to ask any questions of clarification, is something was not clear to him/her.				
3.	That this interview was conducted in English, Afrikaans, Xhosa (or				
4.	Dr/Ms/Mr	on (Signature)	19 Witness		
I,		, co	nfirm that I		
1.	have translated the content of this document from English into				
2.	That the information that I asked to translate.	have so translated was a	correct interpretation of what I		
	Signed at	On 98			
	Translator's signature	 Witness' si	gnature		