**Field Informed Consent Form**

**Good morning/good afternoon. How are you doing today? How is your family? My name is \_\_\_\_\_\_\_\_\_ and I am a health worker in this area. I am asking people questions about their health. Is it OK if I ask you some questions? Do you treat you water? What do you treat your water with?**

Requirements for conducting the survey

* Person must have never used Klorfasil, Gadyen Dlo, Chlorin, Dlo Lavi, any other commercial product besides Aquatabs, Chlorox, and lemon
* Must be above 18 years old
* Must be cognizant/aware/mentally stable

If they do not fulfill any of these requirements, just thank you for their time and tell them that you are trying to find people who do not treat their water. Encourage them to continue treating their water.

If they fulfill all the requirements, ask if you can come in and ask them more questions.

**Can I come in? I have some more questions that I would like to ask. It will not take much of your time.**

**There are no benefits or risks to participating in the study and all information about them will not be released to the public. If they feel uncomfortable at any time, they can stop. However, the information will be very helpful for the community’s health.**

**Do you have any questions?**

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study. (Read if they are unable to read)

Participant’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_