

Interview Consent Form
[Interviewer reads consent form prior to interview]

Subject ID: _____

Introduction and Purpose:

- This study is about women who had Zika when they were pregnant and their babies.
- We want to learn about their experiences so we can make health services better for mothers and babies affected by Zika.

Procedures:

- The interview will take up to one hour to complete. We are conducting interviews with about 100 mothers in Virginia and Pennsylvania.
- During the interview, I will ask you questions about any health services you and your baby got from doctors.
- If you agree, I will record our conversation so I can fill in my notes from our talk.

Benefits and Risks:

- Some of the questions about your baby may make you feel emotional or uncomfortable. Although the questions we ask are not meant to be sensitive, there is a chance that you may feel uncomfortable with some of the questions.
- You do not have to answer any question that you don't want to answer, and you can stop the interview at any time.
- You will get a \$75 VISA gift card at the end of the interview.

Confidentiality:

- Your name and information about you will be kept private.

Right to Refuse or Withdraw:

- It is your choice to do this interview.
- You can stop the interview at any point.

Persons to Contact:

- If you have questions about the study, you can call the project director, Dr. Linda Squiers, at 1-800-334-8571, ext. 25128 (toll free).
- If you have any questions about your rights as a participant, you can call RTI's Office of Research Protection toll-free at 1-866-214-2043

Do you have any questions at this time?

Your Consent:

If you want to do this interview, say “yes”, and if you do not want to participate just tell me “no.”

Do you want to do this interview?

Yes

No

Interviewer Name: _____

Interviewer Signature: _____

Date: _____

Do you have any questions before we begin?