**Informed Consent Form**

We are from the Ministry of Health and the National Statistical Office (NSO). We are conducting a survey on nutrition and health to collect information, which will help the government to improve the health of the people of \_\_\_\_\_\_\_\_\_\_\_\_\_(name of country).

We would like to ask you some questions about your household and we have some questions about infant, caregivers, children, women and men living in your household. All the information we collect will remain strictly confidential. You are free to choose not to answer any questions and you can stop the interview process at any time. If you do not want to participate, this will not affect your access to health services. Your privacy will be protected and the information from the survey will not be shared with anyone other than the survey team.

During this survey, we may weigh and measure some people in the household and collect blood (about 2 ml) from a venous blood sample taken from the arm, to check for anemia, malaria and micronutrients. We will collect a sample of stool from some of the children age 5-<15, and collect a urine sample from the children and women in the household. We would also like to test the salt you use in your household for iodine. We will replace the salt that we use.

We will be able to provide you with the results from the anemia and malaria test and refer you to the nearest health facility if there is a problem. For the other tests, the specimens will be sent away and the results will not be provided.

The results of the survey will be used by the Government of (\_\_\_\_\_\_\_\_\_\_name of country) to help create and improve nutrition and health programs in (\_\_\_\_\_\_\_\_name of country). Do you have any question? Do you agree that your household should participate in this survey?

CONSENT OBTAINED FROM ADULT HOUSEHOLD MEMBER? Yes No (circle)

Respondents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature or thump-print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Interviewers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

If you have any additional questions, you can contact the survey coordinator

(Name of coordinator, address and contact number)