**a. Consent Monologue Mother (to be read first)**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work for the organization Innovations for Poverty Action. Innovations for Poverty Action is helping researchers from Brown University in the United States with a research study. Their research is about the living conditions and health of parents and children in the region of Sikoro in Mali. You are invited to take part in this research study because you live in Sikoro and you have small children.

If you agree to take part in this study, we will visit you once a week for the next 10 weeks and ask you questions about your family, your health, and your daily life. We would like to learn as much as possible about your child(ren)’s health,

In addition, we would like to learn what you do when your child is ill. We do this in two ways. First of all, if you go to \_\_(clinic 1) \_\_\_\_ or to \_\_\_\_ (clinic 2)\_\_\_\_, there may be a surveyor there who will ask you some questions after you have spoken to the doctor or nurse. Second, we will give you a little book, like this one, with questions about your child’s health in it. We would like you to fill this in during the week. Finally, we would also like to ask your to allow us to use the information that \_\_(clinic 1) \_\_\_\_ or \_\_\_\_ (clinic 2)\_\_\_\_ records every time they see a patient, if you ever take your child there for treatment.

The researchers on this study hope that their research will be able to help families here in the area to get better health care for their children. However, there are no direct benefits to you by participating in this research study. There are also no unusual risks associated with participating in this study. Answering our questions will take between 15 to 30 minutes at every visit. In total the time you spend will not exceed 8 hours. To compensate you for your time and thank you for your help, we would like to give you some small gifts over the course of the survey. These gifts will be worth in total approximately 4250CFA.

Next year your household may be visited again and you will be invited to participate in a similar study.

You can decide not to take part in this study. We do not work with the government, and your decision has no effect on any public programs or any health care you may receive. If you agree to participate, you can still decide not to answer any of the questions we ask you later on. You can always interrupt me to ask questions, or even to stop the interview.

Your participation in this study will be confidential and all information you give us will be protected to the fullest extent of the law. The responses that you give me will be stored on this password-protected computer here and later kept in a secure place at Innovation for Poverty Action.

If you think that I've answered all of your questions about this study, tell me, do you agree to participate in this interview?

(Interviewer: circle "Yes" or "No” if consent is/is not given and sign to confirm subject response.)

Interviewer: Consent was given: YES NO Signature interviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject Signature (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact in Mali:

Innovations for Poverty Action (IPA)

Project Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Clinic Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**b. Parental Consent (to be read directly after a.)**

As part of the study I just described to you we would also like to take some health measurement from your child(ren). As I said I would like to visit you weekly for 10 visits in total. I would like to measure each child’s height and weight at some point, and in every weekly visit I would like to measure body temperature, the size of his or her arm and some small measurements that require pinching the child’s belly and feet. In addition, I would like to play a few short games with the child and observe his or her responses. In these games, I might for example ask the child to carry out a sequence of actions, like clapping hands, touching the nose, and so on. I would like to ask you to allow us to take these measures. When taking the measurements I will explain to your child what I am doing. If your child is upset, we will interrupt the health measurements and try again a little later, and if your child is still upset we will not take the health measurements.

There are no direct benefits to you or your child from this. There is no unusual risk to your child associated with these measurements. All measurements and the games I described together will take about 10-15 minutes each week.

You can decide not to allow me to measure your child or observe his or her responses in these games. If you do allow it, you can still decide to change your mind at any time during the study. There will be no disadvantages for you or your child if you do not allow your child’s measurements to be taken. You can always interrupt me to ask questions, or even stop me entirely. You can be with your child the entire time.

Your child’s participation in this study will be confidential and the information I collect will be protected to the fullest extent of the law. The information will be stored on this password-protected computer here and later kept in a secure place at Innovation for Poverty Action.

If you think that I've answered all of your questions about this study, tell me, do you permit your child’s measurements to be taken for this study?

(Interviewer: circle "Yes" or "No” if consent is/is not given and sign to confirm subject response.)

Interviewer: consent was given: YES NO Signature interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact in Mali:

Innovations for Poverty Action (IPA)

Project Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinator Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Clinic Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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