Annexure 19

 **Translation Evaluation Form**

Please consider that you are the person being invited to participate in this research.

|  |  |  |
| --- | --- | --- |
| Are explanations given on following information clear to you | Yes | No |
| 1.  | What kind of study is this |  |  |
| 2.  | Why you have been invited |  |  |
| 3.  | Why should you consider to participate in this research study |  |  |
| 4.  | Data collection procedure involving you |  |  |
| 5.  | Risks you are exposed |  |  |
| 6.  | Benefits you will receive from the study |  |  |
| 7.  | Confidentiality of the information you provide |  |  |
| 8.  | Whom to contact if there are any concerns |  |  |
| 9.  | Participant information leaflet |  |  |
| 10.  | The advertisement (if available) |  |  |
| 11.  | Are the questions in the study tool clear to you |  |  |

**Additional comments:
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………**

**Name of the reviewer :
Signature :
Date :**

Annexure 01