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

Annexure 01