

# Supplementary 1: Information sheet to participants of the study

## Information sheet and consent form

### 1. Information sheet

Hello, how are you? My name is \_\_\_\_\_. My colleague besides me is \_\_\_\_\_. This is an interview to be done with you for a study that is being conducted at postgraduate medical microbiology laboratory at Addis Ababa University, School of Medicine, College of Health Science and Department of MIP.

### Title of the study

The title of the study is “Prevalence of extended-spectrum  $\beta$ -lactamase, carbapenemase, and methicillin-resistant *Staphylococcus aureus* in isolates from diabetic foot ulcer patients in Ethiopia”.

### Propose of the study

The purpose of the study is to detect potential pathogenic bacteria and their antimicrobial susceptibility pattern from DFU in selected hospitals in Addis Ababa, Ethiopia.

### What it will mean if you decide to take part in the study?

If you agree to participate in this study, you will participate in this interview in a private place. The interview will last for about 30-40 minutes and will be facilitated by my collaborators and me. During the interview, you will be asked to respond questions related to diabetic foot ulcer like duration of the ulcer, predisposing factors, and others.

During the interview, my coworker will write down what you say. The recorded data will not contain your names or other identifying information. They will just be labeled with a study number.

The results of this study will assist physicians and other health service providers by providing aetiological agents in order to manage diabetic foot ulcer among diabetes patients. It will also help to contribute in the subsequent efforts to improve prevention, diagnosis, treatment and support of diabetic foot ulcer patients.

**Risks and discomforts:** There is no possible risk associated with participating in this study. May be there is a little pain during sample collection from the ulcer which will be collected by

professionals. You are free to decline answering any question that you do not wish to answer and you may leave our interview at any time you want to.

### **Confidentiality**

All information obtained will be held securely and stored on paper, and computer files. No one except the interviewers will know that you took part in the study the answers that you give will be marked with a special study number only, and not your name. The data will protect information about you in this research to be the best of our ability.

### **Voluntary participation**

Your participation is voluntary. You may withdraw from the interview at any time without giving a reason and without any penalty. If you have questions regarding this study or would like to be informed of the results after its completion, please do not hesitate to contact: Asegdew Atlaw, MSc student at Addis Ababa University, School of Medicine, College of Health Science and Department of MIP.

Cell phone: +251922562620

Email: [asegdew21@gmail.com](mailto:asegdew21@gmail.com)

## **2. Consent Form**

I have read the information sheet concerning this study (or have understood the verbal explanation) and I understood what will be required of me and what will happen to me if I take part in it. I also understand that may withdraw from this study without giving any reason at any time and without my families' or me being affected for my refusal.

May I continue the interview?

1. Yes \_\_\_\_\_ Continue the interview
2. No \_\_\_\_\_ Stop the interview and thank the respondent

Witness's signature certifying that the informed consent has been given

Witness's signature \_\_\_\_\_ Date \_\_\_\_\_