This informed consent document applies to adults who are 18 years old or older

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

The following information is provided to inform you about the interview and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this interview is voluntary. You are also free to stop the interview at any time.

1. **Purpose:**

{Brief statement of the purpose of the study goes here.}

1. **Procedures to be followed and approximate duration:**

The interview will last between 30 and 60 minutes. The questions will focus on your thoughts and feelings about {insert your content}. We are interested in all feedback and opinions. The interview will be audio recorded. We will {what will be learned}. We will also ask you to complete a brief background questionnaire so that we can describe the types of people we interviewed.

1. **Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this focus group:**

Some people might feel uncomfortable talking about their knowledge and opinions. Some may feel uncomfortable with the audio recording. You do not have to answer any question you do not want to answer. You may also stop the interview at any time should you feel uncomfortable.

1. **Anticipated benefits:**

a) The potential benefits from your participation will be {benefits to science or humankind here}

b) The potential benefits to you are: There are no direct benefits to you for participating.

1. **Compensation for participation:**

{insert amount and type of compensation here}

1. **What happens if you choose to withdraw from the study:**

If you withdraw from the study, we will erase the audio recording and we will not use any of it in our research.

1. **Contact Information.**

If you should have any questions about this interview please feel free to contact **{your contact information}**

1. **Confidentiality.**

We will have a record of your name on this form. We will not link your name with the information on the background questionnaire or with the transcripts of the interviews. The audio files and transcripts will be kept in a locked room at Vanderbilt University and on a password protected computer. We will identify each participant with a number (e.g., participant 1, participant 2). When we report the results of this work, we may include quotations from participants. We will never give the name or any other identifying information of the person we are quoting. In fact, we will not even know the name of the person we are quoting. {if you plan to play audio clips, include that here}

**STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS FOCUS**

**I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate.**

Date Signature of participant

Consent obtained by:

Date Signature

Printed Name and Title