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 focus group 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 focus group is voluntary. You are also free to withdraw from this group at any time.

1. **Purpose:**

<Insert 2-3 sentences on the purpose of your study and the focus group>

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

A focus group is a small group discussion directed by a group leader. There will be about 8-12 other people in the group with you. The leader will ask questions and give the group time to answer them. We encourage all participants to take part in the discussion. The questions will focus on your thoughts and feelings about the <insert topics to be covered during focus group>. We are interested in all feedback and opinions. The group discussion will be audio recorded. We will transcribe the recordings and study the transcripts to learn more about the <insert target group that is participating, e.g., community, students, faculty, parents> perceptions on <insert general topic>. We will also ask you to complete a brief background questionnaire so that we can describe the composition of our groups. The group discussion will last about 60-90 minutes. Once the group discussion is over, your participation is finished.

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 in front of a group of people. 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 leave the group at any time should you feel uncomfortable.

1. **Anticipated benefits:**

a) The potential benefits from your participation will be: <Insert global benefits obtaining such knowledge will bring>

b) The potential benefits to you are: <Insert personal benefits, if any. If not, write None.>

1. **Compensation for participation:**

All participants who complete the entire group session will receive a <$$> gift card. You must complete the entire group session in order to receive the gift card.

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

Any statements you made up to the time of your withdrawal will remain a part of the tapes and transcripts. We cannot go back and erase the tape.

1. **Contact Information.**

If you should have any questions about this focus group please feel free to contact **<<Name of PI>>** at **<<contact phone>> or email him/her at <<contact email>>**

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 group discussions. The focus group materials 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 group 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. We may play audio clips from the focus group for scientific meetings or educational purposes. If we do, we will never give the identity of who is talking and will only identify you as a focus group participant or as a particular category of person (e.g., student, male, nurse, etc.) Because other group members will hear what you say, we cannot offer a guarantee of complete confidentiality.

**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