

**Appendix G. Data Collection Instrument for Students (“Student Health Survey”) Supplemental Documents**

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## **Appendix G1. Parental Permission Form Distribution Script**

TO BE READ ALOUD BY TEACHERS OF PARTICIPATING CLASSROOMS WHEN  
DISTRIBUTING PARENTAL PERMISSION FORMS

## **PERMISSION FORM DISTRIBUTION SCRIPT**

Our class is one of the classes picked at our school to participate in a survey about student health. The survey is sponsored by the Centers for Disease Control and Prevention, or CDC, a Federal agency.

The survey will ask you about many health topics, including nutrition, physical activity, injuries, and tobacco, alcohol, and other drug use. It also will ask about sexual behaviors that lead to pregnancy and sexually transmitted diseases, including HIV.

You will be taking either a paper-and-pencil survey or a computer survey. Everyone in the class will be taking the survey the same way.

Your answers are private. No names are ever recorded. Your name can never be linked to your answers. The survey results will never be reported by class or school.

Your participation is voluntary, but very important. Our class cannot be replaced and you individually cannot be replaced.

I'll be giving each of you a permission form to take home to your parent or to whomever you normally take such things. Please bring back this form signed in 3 days. You must return this form to take part in the survey. IF YOU DO NOT HAVE A SIGNED FORM THAT ALLOWS YOU TO TAKE THE SURVEY, YOU MAY NOT TAKE THE SURVEY.

Any questions?

## **Appendix G2. Parental Permission Form (English Version) and Fact Sheet**

## PARENTAL PERMISSION FORM

Our school is taking part in a student health survey. This survey is sponsored by the U.S. Centers for Disease Control and Prevention (CDC). The survey will ask about the health behaviors of 9<sup>th</sup> and 10<sup>th</sup> grade students. The survey will ask about nutrition, physical activity, injuries, tobacco, alcohol, and other drug use. It also will ask about sexual behaviors that lead to pregnancy and sexually transmitted diseases, including HIV. A purpose of the study is to find out whether students can do the survey equally well on paper and a computer. Another purpose is to see whether those answering on computer give answers similar to those answering on paper.

Students will be asked to complete a survey. It will take about 35 minutes to complete the survey and about 10 minutes for instructions. The survey will either be on a computer or on paper. Some students will complete the survey at school. Other students will complete the survey on their own time. Doing this survey will cause little or no risk to your student. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect your student's privacy. Students will not write their names on the paper survey or enter their names on the computer survey. Also, no school or student will ever be mentioned by name in any results.

Your student will get no benefit right away from taking part in the survey. But the results of this survey may help your student and other students in the future by providing information that can be used to improve the methods used for student surveys. The survey is voluntary. **No** action will be taken against the school, you, or your student, if your student does not take part. Students can skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point. If you would like to see the survey, a copy is available in the school office.

Please read the section below and check one of the boxes. Return the form to the school within three days. Please see the other side of this form for more facts about the survey. If your student's teacher or principal cannot answer your questions about the survey, call Dr. Danice Eaton of the CDC at (770) 488-6143. If you have questions about your student's rights as a participant in this research study, please call the CDC Human Research Protections Office at 1-800-584-8814. Please leave a brief message with your name and phone number. Say that you are calling about CDC protocol #5177. We will return your call as soon as possible. Thank you.

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Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and know what the survey is about.

*Check one box:*

- Yes, my student may take part in this survey.  
 No, my student may **not** take part in this survey.

Parent/Guardian's signature:

Date:

Print parent/guardian's name:

Phone number:

Alternate phone number: \_\_\_\_\_ Best hours to call:

This survey is done under the authority of the Public Health Service Act (42 USC 241)



## Fact Sheet

**Q. Are sensitive questions asked?**

**A.** Some questions may be considered sensitive, but the survey questions are written in a direct but sensitive way. Your student can answer all, some, or none of the questions.

**Q. Will student names be used or linked to the surveys?**

**A.** No. Students do not put their names on the paper questionnaire nor will students be asked to enter their names on the computer. The survey has been designed to protect your student's privacy. The survey is being coordinated by specially trained field staff.

**Q. How and why was my student picked to be in the survey?**

**A.** Classes were picked at random from your student's school to take part in the survey.

**Q. How long does it take to fill out the survey? Does the survey include a physical test?**

**A.** The survey will take about 35 minutes to complete. The survey does not include a physical test or exam.

**Q. How will I know if my student has been picked to take the survey at school or on his/her own?**

**A.** The teachers will have this information and will share it with the students in the selected classes.

**Q. If my student is picked to take the survey on his/her own, can it be done anywhere including home?**

**A.** Yes. Students selected to complete the questionnaire on their own may complete the questionnaire at school, a library, a community center, at home, or wherever they choose.

**Q. Can I see the questions my student will be asked?**

**A.** Yes, a copy of the survey is at your student's school.

**Q. Does my student have to take this survey?**

**A.** No. The survey is voluntary. No action will be taken against the school, you, or your student, if your student does not take part.

**Q. Can my other student(s) participate in the survey?**

**A.** No. Only students in classes that were picked to take part in the study may do so.

**Q. How will these data be used?**

**A.** The data will be used to learn how taking a survey on a computer or on paper in different places affects students' responses to the questions. In the future, it is possible that more surveys and assessments will be done by computer. The information from this study will help figure out how to do so easily

**Appendix G3. Parental Permission Form and Fact Sheet (Spanish Version)**

## FORMULARIO DE PERMISO DE LOS PADRES

Nuestra escuela está participando en una encuesta científica. Este estudio es una encuesta auspiciada por los Centros del Control y la Prevención de las Enfermedades (CDC). Incluye preguntas sobre los comportamientos de salud de los estudiantes en los grados 9 y 10. Las preguntas tratan con el comportamiento nutritivo; la actividad física; las lesiones; y el uso del tabaco, el alcohol, y otras drogas. También, hay preguntas sobre los comportamientos sexuales que resultan en infección con VIH/SIDA, otras enfermedades transmitidas sexualmente, y los embarazos. Un propósito del estudio es descubrir si estudiantes pueden completar la encuesta igualmente bien usando papel-y-lápiz o una computadora. Otro propósito del estudio es considerar si los estudiantes usando una computadora dan las respuestas similares a éstos que contestan con papel-y-lápiz.

Les piden a los estudiantes que completan un cuestionario. Necesitan 35 minutos para completarlo y cerca de 10 minutos para las instrucciones. El cuestionario será hecho con papel o en una computadora. Algunos estudiantes completarán la encuesta en la escuela; otros estudiantes completarán la encuesta en su propio tiempo. Contestar este cuestionario representa poco o ningún riesgo para su estudiante. El único riesgo es que, a algunos estudiantes, ciertas preguntas les parezcan sensitivas. Los procedimientos de administración de encuesta fueron diseñados para proteger la privacidad de su estudiante. Los estudiantes no escriben sus nombres en los cuestionarios. No incorporarán sus nombres en la computadora. Ninguna escuela o estudiante será identificado en los informes que se publiquen.

Su estudiante no recibirá beneficios inmediatos por llenar la encuesta, pero los resultados de esta encuesta ayudarán a su estudiante y otros en el futuro, proporcionando la información que se puede utilizar para mejorar los métodos para las encuestas estudiantiles. La decisión de participar es voluntaria. No le traerá repercusiones a la escuela, a usted, o a su estudiante si su estudiante no participe. Los estudiantes pueden omitir algunas preguntas si quieren. También, los estudiantes pueden terminar su participación cuando les gusta, sin repercusiones. Hay una copia del cuestionario en la oficina de la escuela para revisar.

Por favor lea la sección abajo y marque la respuesta apropiada. Devuelva el formulario a la escuela en tres días. Hay más información en el lado atrás de este formulario. Si el maestro de su estudiante o el principal de la escuela no le puede contestar sus preguntas sobre la encuesta, puede llamar a la Doctora Danice Eaton del CDC a (770) 488-6143. Si usted tiene preguntas sobre los derechos de su estudiante como un participante en esta investigación, por favor, llame a la Oficina para las Protecciones en Recursos Humanos a 1-800-584-8814. Deje un mensaje breve con su nombre y número de teléfono. Dile que está llamando de protocolo CDC #5177. Se le llamará a usted pronto. Muchas gracias.

Nombre de su hijo/a: \_\_\_\_\_ Grado: \_\_\_\_\_

Yo he leído y entiendo este formulario respecto a la encuesta.

Marque una caja:

- Mi estudiante puede participar en esta encuesta.  
 Mi estudiante no puede participar en esta encuesta.

Firma del padre o la madre/guardián legal : \_\_\_\_\_ Fecha: \_\_\_\_\_

Imprima el nombre del padre o la madre/guardián legal: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_ Las mejores horas a llamar: \_\_\_\_\_

Otro número de teléfono: \_\_\_\_\_ Las mejores horas a llamar: \_\_\_\_\_





## HOJA DE HECHOS

**P. ¿Son sensitivas las preguntas?**

**R.** Algunas preguntas pueden considerarse sensitivas, pero las preguntas serán presentadas en una manera sensitiva y directa. Su estudiante puede contestar todas, algunas, o ninguna de las preguntas.

**P. ¿Se usarán los nombres de los estudiantes o podrán ser identificados en los cuestionarios?**

**R.** No. Los estudiantes no se escriban sus nombres en los cuestionarios ni incorporan sus nombres en la computadora. Los procedimientos de administración de encuesta fueron diseñados para proteger la privacidad de su estudiante. La encuesta es coordinada por el personal especialmente entrenado en este campo.

**P. ¿Cómo y por qué fue seleccionado mi estudiante?**

**R.** Unas clases de estudiantes se seleccionaron al azar para participar en la encuesta en su escuela.

**P. ¿Cuánto tiempo necesita la encuesta? ¿Hay un examen físico?**

**R.** Cerca de 35 minutos es necesario completar el cuestionario. No hay un examen físico.

**P. ¿Cómo sabré si está escogido a mi estudiante para completar la encuesta en la escuela o en su propio tiempo?**

**R.** Los maestros tendrán esta información y la compartirán con los estudiantes en las clases seleccionadas.

**P. ¿Si mi estudiante está escogido completar el cuestionario en su propio tiempo, se puede hacerlo dondequiera, por ejemplo en su casa?**

**R.** Sí, estos estudiantes pueden completarlo en la escuela, una biblioteca, un centro social, o dondequiera tiene acceso a una computadora.

**P. ¿Puedo ver una copia del cuestionario?**

**R.** Sí, hay una copia del cuestionario en la oficina de la escuela para revisar.

**P. ¿Es obligatorio que participe mi estudiante en esta encuesta?**

**R.** No, la encuesta es voluntaria. No le traerá repercusiones a la escuela, a usted, o a su estudiante si su estudiante no participe.

**P. ¿Puede(n) participar mi otro estudiante(s) en la encuesta?**

**R.** No. Solo los estudiantes en las clases que fueran escogidas al azar pueden participar en la encuesta.

**P. ¿Cómo serán utilizados estos datos?**

**R.** Los datos serán utilizados para aprender como completar una encuesta en una computadora o con pape-y-lápiz, en diversos lugares, afecta las respuestas de los estudiantes. En el futuro, es posible que otras encuestas y evaluaciones sean hechas por la computadora.

**G4. Parental Permission Form Reminder Notice (English Version)**

## REMINDER NOTICE

Your student recently brought home a permission form for you to sign. The permission form is about a health survey.

We are providing you with another copy of this permission form. Please read the form, sign it, and send it back to school with your student. Participation in the survey is voluntary, but very important.

Without your permission, your student will not be allowed to take the survey.

If you have any questions, please contact [CONTACT NAME] at [TOLL FREE NUMBER]. Thank you.

**Appendix G5. Parental Permission Form Reminder Notice (Spanish Version)**

## **RECORDATORIO**

La escuela de su hijo/a está participando en una encuesta nacional sobre el comportamiento de riesgo de salud que practica los adolescentes.

Recientemente, a su hijo/a se le dió un formulario de permiso de los padres para que lo trajera a su casa y se le diera a ustedes. Hasta ahora, no hemos recibido su contestación.

Una copia segunda del formulario está incluido. Por favor lea este formulario, márque la contestación propio y devuélvalo a la escuela a lo mas tardar en tres días.

Muchas gracias.

**Appendix G6. Questionnaire Administration Guides**

## QUESTIONNAIRE ADMINISTRATION GUIDE

### PAPER-AND-PENCIL SURVEY IN CLASSROOM

- STEP 1 - USING DATA COLLECTION CHECKLIST (DCC), VERIFY THAT ALL ASSEMBLED STUDENTS HAVE COMPLETED APPROPRIATE PERMISSION FORM PROCESS REQUIRED FOR THIS SCHOOL.
- STEP 2 - AFTER STUDENTS ARE SEATED AND THEIR DESKS ARE CLEAR OF OTHER PAPERS, DISTRIBUTE PENCILS AND ENVELOPES. DO NOT DISTRIBUTE SURVEY BOOKLETS.
- STEP 3 - INTRODUCE THE SURVEY TO THE CLASS.

Hello. Your class is participating in a survey that asks about your health. This survey is being done for the U.S. Centers for Disease Control and Prevention, also known as the CDC. It is being given to young people in schools throughout the U.S.

I'd like to thank each of you for participating in this survey today. Participating in this survey is voluntary, and your grade in this class will not be affected by whether or not you answer the questions. However, only a limited number of students like you are participating in this survey in about 80 schools all over the country. Your answers are very important. Please read each question carefully and answer it based on what you really know or do. You are not required to answer any questions that make you feel uncomfortable. I would like to emphasize that this is not a test of you or your school. This survey offers an opportunity to understand the health behaviors of youth in the United States.

- STEP 4 - DISTRIBUTE SURVEY BOOKLETS. EMPHASIZE PRIVACY/ANONYMITY.

Throughout the entire survey process, I will maintain strict procedures to protect your privacy and allow for your anonymous participation. Please do **NOT** write your name on the survey booklet or envelope. Your answers are private. Results of the survey will never be reported by name, class, or school. When you finish the survey, put your survey booklet in your envelope and seal it. Then when everyone is done, I will collect them. All surveys will be sent back to a main office where they will be processed by a computer optical scanner. Any questions?

STEP 5 - INSTRUCT THE CLASS IN FILLING OUT QUESTIONNAIRE.

Now I would like you to look at the questionnaire. Please take a moment to read the instructions on the front cover of the questionnaire.

(PAUSE)

Use the No. 2 pencil you have been given to fill out this survey. Do not use a pen or some other pencil. Notice that for each question on the survey, there is a corresponding set of ovals. For each question, choose the answer that best fits what you know, feel, or do, then fill in the corresponding oval. If you must change an answer, erase your old answer completely.

When you are finished, look over your booklet to make sure that you haven't skipped any questions. We have allowed 35 minutes for completing the survey. If you finish before that time, place your survey booklet in the envelope, seal it, and stay seated until I ask you to turn it in. It is important that you answer the questions based on what you really know, believe, and do. Don't pick a response just because you think that's what someone wants you to say. **Your teacher and I are not allowed to answer any questions. Simply do the best that you can.** Please begin.

**NOTE TO DATA COLLECTOR:  
(DO NOT READ ALOUD TO STUDENTS)**

While students are taking the survey, work with the teacher to complete the Data Collection Checklist, Make-up list, and fill out the label on the front of the 10 x 13 class envelope. Remember when calculating the enrollment, please do not count students who are on the rolls but for all practical purposes have dropped out, are on suspension, or are on extended medical absence. Please write down the number of booklets enclosed.

STEP 6 - AT THE END OF CLASS PERIOD, COLLECT QUESTIONNAIRES.

STEP 7 - THANK PARTICIPANTS.

I would like to thank all of you for participating in this survey. The information you have provided will be used to develop better health education programs for students like yourselves all around the nation.

STEP 8 - REFER STUDENTS WITH QUESTIONS TO CONTACT IDENTIFIED PREVIOUSLY BY PRINCIPAL.

If any of you have questions or you would like to talk to someone about the things in this survey, you may contact [NAME] at [CONTACT INFO].

STEP 9 - THANK THE TEACHER.



## **QUESTIONNAIRE ADMINISTRATION GUIDE**

### **WEB-BASED SURVEY IN COMPUTER LAB**

- STEP 1 -      **VERIFY THAT ALL ASSEMBLED STUDENTS HAVE COMPLETED APPROPRIATE PERMISSION FORM PROCESS REQUIRED FOR THIS SCHOOL.**
- STEP 2 -      **AFTER THE STUDENTS ARE SEATED, INTRODUCE THE SURVEY TO THE CLASS.**

Hello. Your class has been asked to participate in a survey that asks about your health. This survey is being done for the U.S. Centers for Disease Control and Prevention, also known as the CDC. It is being given to young people in schools throughout the U.S.

I'd like to thank each of you for participating in this survey today. Participating in this survey is voluntary, and your grade in this class will not be affected by whether or not you answer the questions. However, only a limited number of students like you are participating in this survey in about 80 schools all over the country. Your answers are very important. Please read each question carefully and answer it based on what you really know or do. You are not required to answer any questions that make you feel uncomfortable. I would like to emphasize that this is not a test of you or your school. This survey offers an opportunity to understand the health behaviors of youth in the United States.

- STEP 3 -      **INTRODUCE COMPUTER. EMPHASIZE PRIVACY/ANONYMITY.**

You will be completing the survey today using the computer. Your answers are private. Throughout the entire survey process, I will maintain strict procedures to protect your privacy. No names are ever recorded, therefore your name can never be connected to your answers. As you answer a question, your answers will automatically be saved. After you complete the survey, the answers you have given will be combined with the answers given by all other students also taking this survey. The survey results will never be reported by class or school. Any questions?

STEP 4 - ASSIGN PERSONAL ACCOUNT NUMBERS AND LOG-IN TO THE SURVEY

Each of you will now receive an index card with your personal account number and the survey website. If you need to stop during the process of responding to the questionnaire, you can re-enter the questionnaire using the same personal account number. After you have completed the survey, your personal account number will be deactivated. After you receive your index card, go ahead and log-in to the survey web site. We have a few more instructions to review so please do not begin the survey yet.

STEP 5 - BEGIN SURVEY ADMINISTRATION

Now that everyone has successfully logged in, for each question that you answer on the survey, choose the ONE answer that best fits what you know, feel, or do. Don't pick a response just because you think that's what someone wants you to say. **Your teacher and I are not allowed to answer any questions about the survey. Simply do the best that you can.** If you have a computer question, please raise your hand and I'll assist you. When you are finished, look over your responses. We have allowed 35 minutes for completing the survey. When you have finished taking the questionnaire, please hit the SUBMIT button to end the survey and stay quietly seated. DO NOT turn off your computer. We will take care of that. Please begin.

**NOTE TO DATA COLLECTOR: (DO NOT READ ALOUD TO STUDENTS)**

While students are taking the survey, work with the teacher to complete the Data Collection Checklist and Make-up list. Remember when calculating the enrollment, please do not count students who are on the rolls but for all practical purposes have dropped out, are on suspension, or are on extended medical absence.

STEP 6 - END SURVEY ADMINISTRATION, LOG OUT, AND THANK PARTICIPANTS.

At this time, we would like to ask everyone to stop, save, and log-out of the questionnaire. I would like to thank all of you for participating in this survey. The information you have provided will be used to develop better health programs for students like yourselves all around the Nation. Please do not turn off your computers. We will take care of that.

STEP 7 - REFER STUDENTS WITH QUESTIONS TO CONTACT IDENTIFIED PREVIOUSLY BY PRINCIPAL.

If any of you have questions or you would like to talk to someone about the questions on this survey, you may contact [NAME] at [CONTACT INFO].

STEP 8 - THANK THE TEACHER

## **TO BE GIVEN TO STUDENTS TAKING THE SURVEY ON THE COMPUTER SURVEY ADMINISTRATION GUIDE**

### **WEB-BASED SURVEY - ON YOUR OWN**

**STEP 1 - VERIFY THAT ALL ASSEMBLED STUDENTS HAVE COMPLETED APPROPRIATE PERMISSION FORM PROCESS REQUIRED FOR THIS SCHOOL.**

**STEP 2 - AFTER THE STUDENTS ARE SEATED, INTRODUCE THE SURVEY TO THE CLASS.**

Hello. Your class has been asked to participate in a survey that asks about your health. This survey is being done for the Centers for Disease Control and Prevention, also known as the CDC. It is being given to young people in schools throughout the U.S.

I'd like to thank each of you for participating in this survey. Participating in this survey is voluntary, and your grade in this class will not be affected by whether or not you answer the questions. However, only a limited number of students like you are participating in this survey in about 80 schools all over the country. Your answers are very important. Please read each question carefully and answer it based on what you really know or do. You are not required to answer any questions that make you feel uncomfortable. I would like to emphasize that this is not a test of you or your school. This survey offers an opportunity to understand the health behaviors of youth in the United States.

**STEP 3 - INTRODUCE COMPUTER. EMPHASIZE PRIVACY/ANONYMITY.**

You will be completing the survey using a computer. Your answers are private. No names are ever recorded, therefore your name can never be connected to your answers. As you answer a question, your answers will automatically be saved. After you complete the survey, the answers you have given will be combined with the answers given by all other students also taking this survey. The survey results will never be reported by class or school. Any questions?

**STEP 4 - ASSIGN PERSONAL ACCOUNT NUMBERS AND DISCUSS  
TIMELINE OF THE SURVEY**

Your class has been selected to complete the survey on your own. That means we will not be conducting the survey with you in class today. Instead, each of you will be assigned a personal account number to access the survey on-line. You will be given two weeks to complete the survey, on your own, at the place of your choice. You may complete the survey anywhere with Internet access: the computer lab at school, your local library, or at home. If you need to stop during the process of responding to the questionnaire, you can re-enter the questionnaire using the same personal account number. After you have completed the survey, your personal account number will be deactivated. Each of you will now receive an index card with your personal account number and the survey website. Any questions?

**NOTE TO DATA COLLECTOR: (DO NOT READ ALOUD TO STUDENTS)**

If a student states they do not have access to a computer with web access, ask them if they are able to complete the survey using a computer at school (before or after school or at lunch time), in the library, or at a friend's house.

**STEP 5 - REFER STUDENTS WITH QUESTIONS TO CONTACT  
IDENTIFIED PREVIOUSLY BY PRINCIPAL.**

If any of you have questions or you would like to talk to someone about the questions on this survey, you may contact [NAME] at [CONTACT INFO].

**STEP 6 - THANK THE STUDENTS AND TEACHER**

## **Appendix G7. Data Collector Confidentiality Agreement**

## CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT

In consideration of my employment with Macro International Inc. ("Macro"):

1. I recognize that during the course of my employment with Macro, I may have access to confidential and/or proprietary information which is the property of Macro and/or its affiliates, clients and/or other contractors, including but not limited to technical and cost proposals, product and project information not in the public domain, personnel files and salaries, financial data including profit and pricing information, marketing plans, customer and vendor lists and cost data. I agree to maintain the confidentiality of this information and will not, without written permission from the President of Macro, disclose any confidential information at any time during or after my employment at Macro. I further agree that I will use no less than a reasonable degree of care to protect Macro's confidential and/or proprietary information from disclosure.
2. I acknowledge that, except for material in the Public Domain, all notebooks, memoranda, reports, blueprints and drawings, notes, computer program listings and documents of any kind, any computer disk, or tape or other media containing information obtained pursuant to my project/proposal work at Macro or to which I otherwise gain access, are the exclusive property of Macro's clients. I agree that, except as required for the performance of my Macro responsibilities, I will not remove from Macro premises any such items without the specific knowledge and consent of the President of Macro. Upon the termination of my employment, I will return all materials received from, or created for, Macro during my employment.
3. I acknowledge that all products relating to the business of Macro which result from work I perform in the course of my employment, or which result from the use of Macro's facilities, equipment, supplies or confidential information, are the exclusive property of Macro, Macro's clients, or other organizations, such as professional associations or journals. The use of any such Macro or client products outside of Macro requires the written permission of the President of Macro. Where Macro has the right to use such products to obtain patent, copyright, and/or trade secret protection, I agree to assist Macro (at Macro's expense) to obtain and enforce its legal rights to such products.
4. I agree that during my employment with Macro and for one year thereafter, I will not, directly or indirectly, solicit, or assist others in soliciting, any employee of Macro for the purpose of causing that employee to terminate employment with Macro.
5. I agree that, should I be required by law, regulation, or court order to disclose Macro confidential or proprietary information, I will, prior to making such disclosure, promptly notify the Company in writing in order to facilitate the Company's seeking a protective order or other appropriate remedy to protect against such disclosure.
6. I agree that, while employed by Macro, I will abide by the terms and provisions of the Company's policy on **Employee Conflicts of Interest**, as published in the Macro Employee Handbook and as reiterated below:

**Employee Conflicts of Interest**

Macro counts on the dedicated efforts of its staff members. The expertise and capabilities of our employees are the essential building blocks of our success. It is important to all of us that our employees commit their talents and energies to our mutual success and not invest them in support of competitive or conflicting interests. For this reason, Macro generally does not permit staff to engage in employment outside of Macro.

Staff members may not engage in outside consulting or other professional services in areas where Macro provides or contracts for services. Staff are expected to avoid participation in activities or relationships that compete with Macro, that support the efforts of a real or potential Macro competitor, or that might impair or even appear to impair the proper performance of staff job responsibilities. Participation in outside activities, whether compensated or not, is considered to be in conflict with employment at Macro whenever that participation—

- Competes with the Company
- Provides services, either directly or in association with others, which are in competition with services Macro currently provides or might offer
- Provides services and assistance to a competitor or a potential competitor of Macro
- Interferes in any way with the employee’s effective performance of his/her Company duties, such as requiring Company time or facilities, or impacting the employee’s availability to perform essential job duties, project assignments or proposal work.

An employee may not use the Company’s facilities or identifications (such as telephone number and address) to operate another business, profession, or any other work on his/her behalf or on behalf of another employer. All services performed for or on behalf of Macro employee are compensated through the salary paid to the employee and may not be billed to Macro on a consultancy basis.

Participation in conflict-of-interest activities can have serious legal consequences both for the staff member and for Macro. If a staff member is unsure of whether or not an outside activity is a conflict of interest, he/she should discuss the activity with his/her Officer. If a circumstance should arise in which an anticipated activity could present a real or apparent potential conflict of interest, the staff member and his/her Officer are required to obtain the approval of Macro’s President prior to the staff member’s engaging in the activity.

Any exceptions to this Confidentiality and Conflict of Interest Agreement requires the expressed, written authorization of the President of Macro.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed Name (Date)

Macro International Inc.

BY: \_\_\_\_\_

\_\_\_\_\_  
Printed Name (Date)