

## Attachment F: Informed Consent Form

<b>Identification of Project</b>	<b>Consumer Perspectives on Cancer and Related Communications: A Focus Group Study</b>
<b>Statement of Age of Subject</b>	I state that I am at least 18 years of age, in good physical health, and wish to participate in a program of research being conducted by Holly Massett, Ph.D. in the Office of Market Research and Evaluation of the National Cancer Institute, Bethesda, MD 20742.
<b>Purpose</b>	The purpose of this research is to help NCI better understand public perceptions, awareness, beliefs, attitudes, and experiences related to cancer prevention, screening, diagnosis, and treatment. This study is likely to yield results that can be used to inform the development and refinement of future NCI communications strategies and activities.
<b>Procedures</b>	Respondents will participate in a focus group discussion with up to 8 participants and led by a trained facilitator. The total time involved, including instructions will be no more than 2 hours.
<b>Confidentiality</b>	All information collected in this study is private to the extent permitted by law. I understand that the data I provide will be grouped with data others provide for the purpose of reporting and presentation and that my name will not be used. I understand that the group discussion will be audiotaped, but my voice will not be played to others besides the research team without my written permission.
<b>Risks</b>	I understand that the risks of my participation are expected to be minimal in nature.
<b>Benefits, Freedom to Withdraw, &amp; Ability to Ask Questions</b>	I understand that this study is not designed to help me personally but that the investigators aim to learn about the range of consumers' communications preferences, information seeking practices, and unmet needs. I am free to ask questions or withdraw from participation at any time and without penalty.
<b>Contact Information of Investigators</b>	Name: Holly Massett Position: Director of the Office of Market Research and Evaluation Telephone: 301-594-8193 Email: <a href="mailto:Massettth@mail.nih.gov">Massettth@mail.nih.gov</a>

Printed Name of Research Participant \_\_\_\_\_

Signature of Research Participant \_\_\_\_\_

Date \_\_\_\_\_