PARTICIPANT CONSENT FORM

Survey of Health Behaviors
Consent to be in a Research Study

PARTICIPANT CONSENT FORM

Introduction

The Centers for Disease Control and Prevention (CDC) invites you to be in a research study. The CDC has contracted Macro International Inc. (Macro) to collect data for this study.

What is the purpose of this study?

This is a research study to learn more about the experiences and health behaviors of men and women who are survivors of colon or rectal cancer.

What do you want me to do if I decide to be in this study?

1) Complete the enclosed survey, being as clear as possible and answering questions to the best of your ability.
2) Send the survey back to Macro using the self-addressed, stamped envelope provided.

How long will you need me?

The survey will probably take 30-45 (average of 40) minutes to complete.

Are there any risks to me if I decide to be in this study?

You might feel uncomfortable answering questions about your past experiences with illness, your current health-related habits, or your thoughts and beliefs about your health in the future.

Are there any benefits from being in this study?

Study results will help researchers and medical providers understand more about the challenges faced by colorectal cancer survivors. The results may also help us find ways to improve health and quality of life for cancer survivors.

Will the information I give you be kept private?

Your answers will be kept private to the extent allowed by law. Your answers will be kept separate from your name and any personal information. We will never use your name in any report. We plan to combine your answers with answers from other participants when we write reports or papers.

Do I have to be in this study?

No. Participation is your choice. You may refuse to participate or drop out at any time. The decision to participate or not participate in the research project will not affect your access to present or future care.

Who should I call if I have questions about this study, would like to be removed from the study, or think I may have been harmed by the study?

You may contact Dr. Samantha Walker, study coordinator at Macro at (404) 321-3211 or toll free at (800) ###-####.

Who should I call if I have a question about my rights as a research volunteer?

You may contact CDC's Deputy Associate Director for Science at 1-800-584-8814. Leave a message with your name, phone number, and refer to CDC protocol #XXXX, and someone will call you back.

PARTICIPANT CONSENT FORM

Participant's Bill of Rights for Non-Medical Research
From the California Committee for the Protection of Human Subjects

You have been asked to participate in a research study. Any participant in a research study has the right to:

a) Be told the nature and purpose of the study.

b) Be given an explanation of what will happen during the study and of how the research participant is expected to participate.

c) Be given an explanation of any risks or discomforts that may be experienced as a result of participating in the study.

d) Be given an explanation of any benefits that may be expected from participation in the study.

e) Be told of other appropriate choices that may be better or worse than being in the study, and be told of the risks and benefits of those other choices.

f) Have the opportunity to ask questions about the study or about your participation in it, both before agreeing to participate in the study and during the course of the study.

g) Be told that you may withdraw your consent and participation in the study at any time, and that your withdrawal will not affect your services.

h) Be told that you may refuse to answer any question.

i) Be given a copy of the consent form.

j) Be free of pressure when considering whether to consent to, and participate in, the study.

k) Be informed, upon request, about the results of the study.