

**Evaluation of health communication messages for  
Infertility Prevention Campaign**

Attachment 4C

Adult Informed Verbal Consent

2/3/2021

## Infertility Prevention Campaign

### Adult Informed Verbal Consent

*Reading level: 7*

The Academy for Educational Development (AED) and the Centers for Disease Control and Prevention (CDC), invite you to be in a research study. The purpose of this research is to help CDC learn how to talk to girls/women your age about things they can do now to protect their health and future fertility. You will be asked to give your opinions on how information is presented and whether it is easy to understand. Please feel free to ask questions as I explain the study.

If you agree to participate, you will be part of a group with 8 other young women and a trained moderator. The discussion will last less than 2 hours. The information will be used to help CDC develop messages and materials for people your age about preventing illness or infertility from STDs.

The information you give us will be kept private. Your name will not appear in the report. All notes and tapes will be kept in a locked cabinet. No one outside this project will have access to them. Tapes will be deleted after the study. We will not share your information with anyone outside the study.

The focus group poses no risks to you. If you begin to feel uncomfortable at any time, you can refuse to answer questions or leave the discussion. No one is trying to sell you anything.

Your participation is voluntary. If you agree to participate, you will receive a check for \$75 at the end of the focus group.

If you have questions about this research or your rights as a participant, or if you think you have been harmed, call the CDC at 1-800-584-8814. Leave a message with your name and phone number, and someone will call you back as soon as possible. Do you have any questions at this point?

### **Participant Verbal Consent**

I will read you a list of statements about this research. After, I will ask you for your full name, and whether you agree to participate in the focus group. This information will be kept in

a secure place. It will not be connected to your responses during the focus group. No one at the focus group will ever know your full name and contact information.

I have been read the consent form, had the chance to ask any questions, and had my questions answered. I know and agree that:

- o The focus group will cover health topics, including STD prevention
- o I may refuse to participate or leave the discussion at any time
- o I will be asked to respond to materials that will require reading at a 7<sup>th</sup> grade level
- o My name and opinions will be kept confidential. Only my first name will be used in the focus group, or I may choose to use a fake name
- o The information I provide will not be shared with anyone outside the study
- o The focus group will be audio taped and researchers may observe behind a one-way mirror
- o The research will only be used for research
- o No one will try to sell me anything
- o I will receive \$75 for participating

Please state your name:

\_\_\_\_\_

Do you, \_\_\_\_\_ (Name), agree to participate in a focus group discussion lasting approximately 2 hours on the theme of health issues for young women?

[Circle response]    Yes    No

[Record date] \_\_\_\_\_

**(Read invitation)  
Invitation**

Thank you for answering my questions. I would like to tell you a little more about the discussion group/focus group. The group will meet on **[Date]** at **(5:30pm or 7:30pm)** at our facility in **[CITY, GIVE ADDRESS]**. The group will consist of 8 other young women, such as yourself, and a moderator. It will meet for about 2 hours. You will receive \$75 for participating.

So that we can start and end on time, please plan to arrive about 15 minutes early to pick up your nametag and to have some refreshments. We are counting on your participation, so please be

sure to contact us as soon as possible if something comes up and you can't attend. **(GIVE PHONE NUMBER)**.

Also, do you wear glasses or use a hearing aid? If so, please remember to bring them. Some activities will involve reading and listening.

NAME \_\_\_\_\_  
PLEASE CHECK \_\_\_\_ MR. \_\_\_\_ MRS. \_\_\_\_ MISS \_\_\_\_ MS.  
PHONE \_\_\_\_\_ TYPE \_\_\_\_\_  
ALTERNATE PHONE \_\_\_\_\_ TYPE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has hearing aid**  (*check here*) **Wears glasses**  (*check here*)  
Thanks again for your time!