

## **Attachment 3. Consent for Behavioral Assessment**

**Behavioral Assessment Component of the Behavioral Assessment and Rapid Testing  
(BART) Project**

**October 14, 2010**

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## **Participant Information and Consent**

Study Title: Behavioral Assessment and Rapid Testing (BART)

### **Consent for gay pride events (Reading level: 7.8)**

**READ CONSENT TO PARTICIPANT:** *SAY-C:* You are eligible to participate in an important health research project conducted by the **[agency name(s)]** and the Centers for Disease Control and Prevention (CDC). The purpose of this project is to improve HIV prevention in your community. If you agree to take part in this project, a trained interviewer will ask you questions about your health, sexual behavior, drug use, beliefs, attitudes, practices, and health services you have received. This interview will take no more than 10 to 15 minutes. You will receive a [gift / gift card] if you answer the questions, to thank you for taking part in the survey. The risk from taking part in this project is minimal. The interview is completely anonymous; we will not collect your name or other identifying information and all of the information you give us will be kept private. Taking part in this project is your decision. Some questions are personal and may make you uncomfortable. You may refuse to answer these and there will be no penalty to you. You may also end the interview at any time if you wish. The benefit of taking part in this project is that it helps us help people who may have trouble getting health services, like HIV testing, that help prevent HIV infection and we can tell you about places to go for free HIV testing as well. The information we collect from you may be released in published reports. To protect your privacy, we will group your answers together with answers from others. We will send information from this project to the CDC, but will not send CDC any information that could identify you. If you have questions about the interview or your rights as a participant, I can provide you with the names and phone numbers of responsible persons at **[agency name(s)]** and at the CDC. Do you have any questions?