**Attachment 4. Informed Consent Form**

|  |  |
| --- | --- |
| **Identification of Project** | **Usability Testing of the Division of Cancer Prevention’s Nutritional Sciences Research Group Website** |
| **Statement of Age of Subject** | 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 the Division of Cancer Prevention (DCP) at the National Cancer Institute, Bethesda, MD 20742. |
| **Purpose** | This evaluation will help to determine the usability and effectiveness of the Nutritional Sciences Research Group on the DCP website, to ensure that it provides relevant, easy-to-access content for nutritional science researchers and NCI, NIH and DHHS staff in a manner that is compliant with best practice guidelines and standards, and improves the ability of the users to locate information and navigate the website more easily.  |
| **Procedures** | Participants will perform information-seeking tasks on existing or proposed web pages or other materials and be asked about their thoughts and opinions related to how information is presented on the Nutritional Sciences Group pages within the DCP website (http://prevention.cancer.gov/programs-resources/groups/ns). The total time involved, including instructions will be no more than 60 minutes. |
| **Confidentiality** | All information collected in this study will be kept secure 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 session will be audiotaped and my computer usage (mouse clicks and webpages visited) will be electronically recorded, but my face will not be videotaped. My voice and computer usage recording will not be played to others besides the research team without my written permission. The recordings will be kept in a locked cabinet and will be destroyed by December 31, 2015. |
| **Risks** | I understand that the risks of my participation are expected to be minimal in nature.  |
| **Benefits, Freedom to Withdraw, & Ability to Ask Questions** | I understand that this study is not designed to help me personally but that the investigators hope to gain a better understanding of DCP audience segments, and make improvements to the content, structure and presentation of standard pages on cancer.gov. I am free to ask questions or withdraw from participation at any time and without penalty. |
| **Contact Information of Investigators** | Name: Kara Smigel Croker Telephone: 301-594-9936Email: smigelk@mail.nih.gov |

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

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_