

FDA Composite Study
Consent to Participate

[Note: The following will be present at the bottom of the screen:

This research is authorized by Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)). Confidentiality protected by 5 U.S.C. 552(a) and (b) and 21 CFR part 20.

OMB Control #_____ Expires _____

]

[Consent Screen 1]

[DISPLAY]

You are one of about 2,770 people in the United States who are being asked to take a survey about advertisements for new products. The survey will take about 20 minutes to complete.

[Consent Screen 2]

[DISPLAY]

This survey is being conducted by Research Triangle Institute (RTI), an independent nonprofit research organization, on behalf of a public health agency. RTI is working with Knowledge Networks to conduct this survey but is not affiliated with Knowledge Networks in any way. If you have questions about this survey, please contact Panel Relations at 800-782-7699 and someone will direct your questions to the appropriate researchers at RTI.

Possible Risks or Discomforts

We do not expect that any of the survey questions will make you uncomfortable or upset, however, if they do, you can refuse to answer any question, or you may take a break at

any time during the survey. There is also a potential risk of loss of privacy. Every effort will be made to protect your information, but this cannot be guaranteed.

Benefits

Your responses are very important because they will help researchers understand how people understand information.

If you have any questions about your rights as a survey participant, you may wish to contact the RTI Office of Research Protection. If you contact Panel Relations at 800-782-7699 and indicate that you would like to contact the RTI Office of Research Protection, someone will provide you with the appropriate contact information.

As with any other surveys you receive from Knowledge Networks, the privacy of your information is of the highest importance, and we are committed to maintaining a secure environment for you in which to participate. All information collected in this survey will be kept strictly private. Neither your name nor your e-mail address will be associated with your answers or used in any report.

[Consent Screen 3]

[RADIO]

[PROMPT IF SKIP]

Consent1. If you have read the previous screens and agree to participate, please click the **Yes** button, if not, click the **No** button.

Yes, I agree to participate. [\[continue with next section\]](#)

No, I do not agree to participate. [\[go on to next question\]](#)

[RADIO]

[PROMPT IF SKIP]

[IF CONSENT1=NO OR SKIP]

Consent2. Are you sure you don't want to participate? Your opinions are important to us. Please select the **Yes** button to continue this survey; if not, select the **No** button to exit.

€ Yes, I agree to participate. [\[continue with next section\]](#)

€ No, I do not agree to participate [\[end survey\]](#).

OMB Control No: