

## Attachment 1: Text of Welcome Page and Informed Consent Statement for Awardee Survey

OMB #: 0925-xxxx  
Expiration Date: xx/xxxx

Public reporting burden for this informed consent page is estimated to average 5 minutes per response. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*).

### Welcome to the Brain Disorders in the Developing World Awardee Survey!

The purpose of this survey is to collect information relevant to an evaluation of the Brain Disorders in the Developing World: Research Across the Lifespan program (referred to hereafter as “Brain Disorders Program”) administered by the John E. Fogarty International Center. You have been invited to participate in the survey because you participated in one or more research projects funded by this program. Please note that the evaluation will be focused on the program as a whole rather than on your individual funded project.

If you agree to participate in the survey, you will be asked a series of questions about your experiences via a web-based questionnaire. You may refuse to answer any particular question and you may stop answering questions at any time. Your responses will be kept secure to the extent permitted by law and will not be disclosed to anyone but the researchers conducting this study except as otherwise required by law. There will be no immediate benefit to you from participation, nor are there any known risks. You will not be identified as the individual who provided specific information in any reports or publications resulting from the evaluation study.

Your participation in this survey is completely voluntary. You may stop answering questions at any time. If you wish to withdraw your consent after completing the survey form, please contact the lead evaluator, Christina Viola Srivastava, at [cviola@ida.org](mailto:cviola@ida.org) or 617-721-9055.

If you have any questions or concerns about the evaluation study, please contact the lead evaluator, Christina Viola Srivastava, at [cviola@ida.org](mailto:cviola@ida.org) or (+1) 617-721-9055 or check the “I have questions or concerns” box below . If you have questions you would prefer to direct to NIH, please contact Dr. Rachel Sturke at [sturkerachel@mail.nih.gov](mailto:sturkerachel@mail.nih.gov) or (+1) 301.480.6025.

I have reviewed this statement and agree to participate at this time

I decline to participate to participate at this time

I have questions or concerns about the evaluation study; please contact me directly to discuss them