

Appendix D
Informed Consent

Written Consent to Participate

You've been invited here today to participate in a discussion group for caregivers of older adults. We're trying to learn how caregivers get the information they need to keep their older adults safe and healthy. We also want to get your opinions on some educational materials that we have created.

To understand this topic, it's important that we talk to people who care for older adults, such as yourself. Our discussion today will take no more than two hours. You are free to participate or not participate in this discussion. The conversation will be open and you may choose to respond or not respond to any of the questions we discuss. None of the questions during will be about private matters. There are no foreseeable risks for participating in this discussion beyond what you might experience in your day to day life.

The discussion will be audio and video-taped and you will be asked to use only your first name. What you say will remain private. Only the people involved in this project will listen to the tapes. Your name will not be included in any reports. All tapes will be destroyed as soon as this project is over.

While this discussion may not benefit you directly, we will use the information we learn to help us make educational materials that will be helpful to other caregivers like yourself. Also, you are welcome to take any of the materials we discuss today with you.

If you have questions or concerns about this project, we encourage you to ask now, or you may call for information later at XXX-XXX-XXXX.

When you sign below, it shows that you agree to participate. If there is any part of this form that is unclear to you, be sure to ask questions about it. Do not sign until you get answers to all of your questions. When you are ready to participate, sign your name on the line below.

Participant Consent by Signature _____

Date _____