

# ATTACHMENT B

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## CONSENT FORMS

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### **We are interested in your opinion!**

We would like your feedback on a website developed by the Centers for Disease Control & Prevention (CDC).

We want to know what works well for you and what doesn't, so that we can further improve the design of the website.

During this session, we'll

1. Ask you about your background
2. Ask you to give us feedback on the website
3. Ask you to perform a series of tasks to find information on the website

After you finish all of the tasks, we'll also ask you for your thoughts on the design and suggestions for improvement. The whole exercise will take approximately 60 minutes to complete.

We may also audio and video tape these sessions. The information that is captured will only be used to improve the website and for evaluation, research and training purposes. To consent to the use and release of this information, please sign below.

Your participation is voluntary, you may discontinue your participation at any time and there is no penalty if you choose not to participate. There are no risks or direct benefits to you for taking part in this study. If you decide to participate in this study, you will be compensated for your time.

Thank you for your time. Your opinion is very valuable to us!

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_