

## **INTRODUCTION AND INFORMED CONSENT**

Abt Associates, Inc. (Abt), on behalf of the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) is conducting this interview. The purpose of this interview is to learn about the process of implementing enrollment efforts to lifestyle change programs (LCPs) at your organization. The information that you share will help identify areas of improvement that can be incorporated into planning for future enrollment activities. We look forward to talking with you because you were identified as someone who plays an important in the delivery of LCP enrollment and/or outreach activities.

There are no right or wrong answers. We consider you the expert in your role and plan to learn from you. This interview is a discussion, not an evaluation. Our main goal is get your perspective on how **[the intervention/ enrollment activities is/are]** running. We will keep all information collected during this interview private. We will not share any information that identifies you beyond the CDC-Abt team members. We will only include your title/role in reports but we will not identify your organization by name. We will never associate your comments by name, unless we have received direct written permission from you, in advance. Additionally, we will not share interview notes from this, or any of the other interviews, with anyone outside of the CDC-Abt team.

Your participation is voluntary. You may choose not to answer some of the questions or you may choose not to participate, without penalty. You can choose to stop the interview at any time for any reason. Notes will be taken to accurately capture our discussion, and they will be destroyed one year after the project ends. With your permission, this interview will be audio recorded for our future data analysis.

If you have questions about your rights as a participant, call the Abt Institutional Review Board at 877-520-6835. If you have general questions about this interview or project, please contact the Abt Project Manager, Tara Earl at 404-946-6308, or by email at [tara\\_earl@abtassoc.com](mailto:tara_earl@abtassoc.com).

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**Interview Consent.** Please indicate below whether you agree to participate in this interview.

\_\_\_\_\_ Yes, I reviewed this form and **agree** to participate in this interview.

\_\_\_\_\_ No, I reviewed this form and **do not agree** to participate in this interview.

**Audio Recording Permission.** Please indicate whether you agree to have this interview audio recorded.

\_\_\_\_\_ Yes, I **agree** to have the interview audio recorded and understand that I can ask for the audiotape to be turned off at any time.

\_\_\_\_\_ No, I **do not agree** to have the interview audio recorded.

I agree to be contacted in the future?    \_\_\_ Yes    \_\_\_ No

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

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