## Consent to Answer Questions to be used in the Medical Expenditure Panel Survey

You are being asked to take part in a research study conducted by the Agency for Healthcare Research and Quality (AHRQ). This study is to help us test questions about how you pay for medical care. The findings from talking to you will help us to improve these questions.

The interview will last about 60 minutes. You will receive \$60 as thanks for your time.

Your participation in this study is voluntary. You may choose not to answer any question, and you can stop this interview at any time.

Project staff from AHRQ and healthcare researchers from other Federal agencies may be observing this interview so they can hear your comments about the survey questions.

There are no known risks to you for taking part in this interview. All the data we collect will be kept private. You will not be identified by name in any of our summaries or reports. Your name will not be linked to any of your responses. We may include quotes you provide in our reports. Your information will be combined with information from other respondents and presented in summary form. There are also no direct benefits to you for taking part in this interview, but your answers will help us to develop recommendations for improving the survey questions.

With your permission, I will audio-record the interview. The recording and all study materials that identify you will be destroyed within 6 weeks of the end of the study.

If you have any questions about this study, please ask your interviewer.

If you have questions about your rights and welfare as a research participant, please call the Westat Human Subjects Protections office at 1-888-920-7631. Please leave a message with your full name, the name of the research study that you are calling about (the MEDICAL EXPENSES STUDY), and a phone number beginning with the area code. Someone will return your call as soon as possible.

I have read the information above and:

 $\Box$  I agree to participate in the interview.

□ I agree to have my interview audio-recorded.

Signature:	 Date:
Print Name:	

Name of Researcher: \_\_\_\_\_