

**Georgia State University - Department of Sociology**  
**Informed Consent**

**Title:** Sexual Health Study for Gay and Bisexual Men

**Principal Investigator:** Eric R. Wright, Ph.D.

**I. Purpose:**

We are asking you to join a focus group. We are trying to understand the sexual health needs of men who have sex with men (MSM), including gay and bisexual men. We want to develop messages to inform MSM about shigella and how to protect themselves from the infection. We would like you to join because you are an adult man who has sex with men. The target number of overall participants for this focus group is approximately 50. The focus group will take about one hour of your time.

**II. Procedures:**

If you join, you will be asked about your life. We will ask about your background, your knowledge of, and preferences for sexual health prevention messages. We would like your approval to audio record the interview. Audio recording will let the interviewer focus on what you (all) have to say instead of taking notes. The recording will be transcribed by a data service. The only other people who will have access to the recordings are Dr. Eric Wright and Ebony Respress. The interview will be conducted in a comfortable and safe space. The focus group is planned for one hour. If for any reason you wish to stop your participation in the focus group, you are free to do so at any time. You will still receive a gift card.

**III. Risks:**

In this study, you will not have any more risks than you would in a normal day of life. You may not benefit personally. We hope to gain information to help MSM prevent infections during sex. We also want to understand the behaviors that may result in disease.

**V. Compensation:**

You will receive a \$40 gift card for participating in this focus group. You will receive the gift card at the end of the interview.

**VI. Voluntary Participation and Withdrawal:**

Participation in the focus group is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop the interview at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

**VII. Confidentiality:**

We will keep your records private to the extent allowed by law. Eric Wright and Ebony Respress will have access to the information you provide. Everyone involved in the focus group will be asked to maintain each other's privacy. But, confidentiality cannot be guaranteed given other people will be in the focus group.

This Informed Consent requires your signed, legal name. But, we will use a “nickname” instead of your name during audio recording. The information you provide will be audio recorded. The audio files will be stored on a password and firewall, protected computer. All paperwork with your information will be kept in a locked box, at Georgia State University. We will keep all study materials, including original audio recordings and Informed Consent forms, until the study is complete. After the study is completed, all materials will be destroyed. Your name and other facts that might point to you will not appear when we present this study or publish results. You will not be identified personally, but by your nickname.

Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection [OHRP]).

**VIII. Contact Persons:**

Contact Eric Wright at 404-413-6527 if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study. Call Susan Vogtner at Georgia State University Office of Research Integrity at 404-413-3513 or [svogtner@gsu.edu](mailto:svogtner@gsu.edu) if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

**IX. Copy of Consent Form to Subject:**

We will give you a copy of this consent form to keep for your records.

If you are willing to volunteer for this research and to be audio recorded, please sign your name below.

\_\_\_\_\_ Date

Participant

\_\_\_\_\_ Date

Student Principal Investigator