

Usability Testing to Inform Development of the CDC Division of Sexually Transmitted Disease Prevention's Website Consent Healthcare Providers Interview

Project Description

The purpose of this evaluation is to test the usability of a website with information about sexually transmitted diseases or STDs. You are being asked to participate in this evaluation because you are considered to be a healthcare provider whose work includes STD prevention, testing, or treatment. We would like you to take part in a telephone interview while reviewing and interacting with a website about STDs. Your responses to questions about the website and how you would use it, along with observations of you using the site to find information, will help the Centers for Disease Control and Prevention or CDC improve their existing website and help them communicate effectively about STDs. A researcher will conduct the interview.

Procedures

If you take part in this evaluation, we will ask you to read and sign this consent form and participate in an interview. The interview last for 30 minutes and take place over the telephone on _____.

Discomforts and Risks

The risks due to being in the evaluation are small. You may be uncomfortable reviewing some of the website's information. We will keep all information safe and private.

Benefits

There are no direct benefits to you for being in the evaluation, although you may find it interesting or learn something new. This evaluation is designed for the researcher to learn more about the usability of CDC's STD website. It is not designed to treat any illness or to improve your health.

Study Sponsor

The sponsor for this evaluation is the CDC, a government health agency.

Cost to Participant

There is no cost to you for participating; however, you will receive a \$100 online gift card as a token of appreciation. If you join late or leave the interview before it has been completed, you will not receive the gift card.

Voluntary Participation

Your participation is voluntary. If you choose to take part in this evaluation, you have the right to stop and/or not answer a question at any time.

Questions and Contact Information

Attachment **D2: Consent Healthcare Providers Interview**

We will answer any questions you have about the interview before you take part. The researcher carrying out this evaluation is _____. If you have questions later, you may call _____. You will be given a copy of this form to keep.

_____ **Initials**

Confidentiality

Any information collected during the interview will stay private and will be kept in secure files. Although we will record the discussion, the recording will be transcribed and then erased. Your name will not be written down on the paper transcripts—it will be kept separately in secure files. The final data that the CDC will receive won't include any participant names and will be aggregated (grouped together with all responses so no one person's answer stands out). The results of this research may be presented at meetings or in published articles. However, your name will never be included.

If there is any part of this consent that you do not understand, ask the researcher before signing.

AUTHORIZATION:

I have read this paper about the evaluation or it was read to me. I understand the possible risk and benefits of this evaluation. I know that my participation is voluntary and that I can stop at any time. I choose to be in this study. I will get a copy of this consent form. (Initial all the previous pages of the consent form).

Signature: _____

Print Name (participant) _____ Date _____

Consent form explained by: _____

Print Name _____ Date _____

Signature _____