Form Approved OMB No. 0920-0910 Exp. Date 01/31/2024

Emerging Tobacco Products Communication Initiative

Focus Group Consent Form

Public reporting burden of this collection of information is estimated to average **5** minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review

Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0910).

Introduction and Purpose:

Thank you for agreeing to participate in this study. The purpose of the study is to learn more about how teachers, school administrators (e.g., principals, vice principals, guidance counselors), and other educators understand and think about communication messages and materials about e-cigarette use (or vaping) among youth. This information will be used to develop and refine communication materials for an upcoming education campaign. RTI International, a non-profit research organization in North Carolina, is conducting the focus groups on behalf of the U.S. Centers for Disease Control and Prevention (CDC).

Procedures:

During the focus group, we will present you with some creative themes (each will include a written description, a mood board, and a storyboard) that offer information about e-cigarette use among youth. We will ask you what you like and dislike about each theme and how they can be improved.

The focus group will take up to **90 minutes** to complete. Each group will have approximately 6 individuals participating. We are conducting focus groups with 48 individuals total across the United States.

Benefits:

There is no direct benefit to you for being in this focus group. However, your answers will help us develop information and resources to support educators like you.

Risks:

There are no known risks to participating in this study. Although the questions we ask are not meant to be sensitive, there is always a chance that you may feel uncomfortable with some of the questions. You do not have to answer any question that you don't want to answer.

Confidentiality:

We will keep your identity secure to the extent permitted by law. Only the recruitment staff have your full name and contact information, and they will not share that information with anyone. The information that you give us will be combined with the responses of other participants in a summary report that will not identify you by name.

With your permission, the focus groups will be audio- and video-recorded, but we will not connect your name to the recordings. These recordings will be stored on password-protected computers.

Future Contacts:

You will not be contacted in the future about this study after your participation in this focus group ends.

Observation:

Some members of the research team—including RTI and CDC staff—might observe our discussion so they can hear your opinions directly from you. You will not see them on video, but you might see them listed as observers.

Token of Appreciation:

In appreciation for your time, the recruiter will provide you with a \$75 incentive after the focus group.

Right to Refuse or Withdraw:

Your participation in this study is voluntary. You can choose not to talk about any topic, and you can withdraw from the study for any reason at any time without penalty or loss of benefits.

Persons to Contact:

If you have questions about the study, you can call the project director, Doug Rupert, at 1-800-334-8571, ext. 26495 (toll free).

If you have any questions about your rights as a participant, you can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

Your Consent:

I have read this consent form. I had a chance to ask questions, and my questions were answered. I was given a copy of this consent form. I agree to participate in the study.

The above document describing the benefits, risks, and procedures for this study has been

explained to me. I agree to participate.	
Signature of participant	Date//
I certify that the nature and purpose, the potential b participating in this research have been explained to	•
Signature of Person Who Obtained Consent	
Date/	