Appendix G Model Qualitative Focus Group Consent Form

National HIV Behavioral Surveillance
Brief HIV Biobehavioral Assessment
Focus Group Consent Form

A. Purpose
The [**Agency Name**] and the Centers for Disease Control and Prevention (CDC) are working on a project to learn about risk for HIV and to plan better HIV prevention and treatment programs for people in your community. The reason for this focus group [*brief description of purpose of focus group and question topic areas*]. We are asking you to participate in this group because you may be able to provide us with information about these topics. The following information can help you make a choice about taking part in this focus group.

B. Procedures
1. If you agree to be in the focus group, you will take part in a focus group with up to 10 other people that will last between 1 ½ and 2 hours.
2. During the session, people will be asked questions about the following topics:
- [*list topics to be covered*]

3. Notes from the focus group will be recorded on paper. The focus group will be audio-recorded [*if applicable*] and transcribed *[if applicable]*. *[include additional details on how the focus group will be recorded and transcribed, including when the audio will be destroyed once the information is recorded in a transcript]*
4. The focus group and your responses are private. Your name will NOT be attached to this focus group, the recording, the transcription, or later reports that may use your responses. We may share your responses without your name with the CDC and other stakeholders .
5. You can refuse to answer a question at any time. If you do not answer a question or want to leave the focus group, there will not be any penalty to you. No one except the project staff at [**Agency Name**] and the CDC will have access to the information you provide me.

C. Discomforts and Risks
There are no physical risks to you by participating in this focus group.

Some of the questions in the interview may make you feel uncomfortable. This is a group where others will be sharing their experiences and staff are here to help.

D. Benefits
There are no direct benefits to you for being in this interview [*replace if any benefits are provided with what benefits the participant will receive such as condoms, information on HIV/AIDS, or referrals for services*]. The information you give us may help us with a better project in the future.

E. Compensation
You will be paid *[focus group incentive]* for the time you spend taking part in the focus group.

F. Persons to Contact
This project is run by: [*name of principal investigator and phone number*]. You may call them with any questions about being in the focus group.

If you have questions about your rights as a participant or if you feel that you have been harmed, contact [*IRB committee or contact name and phone number*].

G. Confidentiality Statement
What you tell us is private. No one except the project staff at [**Agency Name**] and CDC will have access to your comments, except as otherwise required by law. Any comments made by persons in this group will not be attributed to individual members but to the group as a whole. *[insert additional information about data security (e.g., transcription) as appropriate].*

H. Right to Refuse or Withdraw
Being in this focus group is VOLUNTARY. You have the right to refuse to answer any questions. You can leave the focus group at any time you want.

I. Agreement
Do you have any questions?

Moderator: Answer the participant's questions about the focus group before proceeding to the next question.

You have read or had read to you the explanation of this focus group, you have been given a copy of this form, the opportunity to discuss any questions that you might have and the right to refuse participation. I am going to ask for your consent to participate in this focus group. By saying yes, you agree to participate in the group. Do you agree to take part in the focus group?

Date: _____ Moderator initials in box confirm affirmative consent

[*if Audio Recording*] Do you agree to the use of audio recording for this focus group? [*Note if any focus group participant does not agree, then the focus group will not be recorded*]

Date: _____ Moderator initials in box confirm affirmative consent

I have fully explained to the participant the nature and purpose of the procedures described above and the risks involved in its performance. I have asked if any questions have arisen regarding the procedures and have answered these questions to the best of my ability.

Date: _____ Signature of moderator: _____