

Antimicrobial Resistance Communications and Media Support Services

Division of Healthcare Quality Promotion (DHQP)

Consent Form for Long-Term Care Facility (LTCF) Resident and Family Interviews:

Family Member or Friend*March 25, 2025 Final***TO BE REVIEWED AND SIGNED BY PARTICIPANT AND RECRUITER PRIOR TO INTERVIEW****Introduction and Purpose**

You have been asked to take part in an interview that is being conducted by KRC Research on behalf of the Centers for Disease Control and Prevention (CDC). Your participation in this interview is voluntary. If you agree to participate, we ask you to read and sign this consent form. You may withdraw your consent to participate, for any reason, at any time.

In this interview, we will discuss your experience with your loved one living in a long-term care facility, your thoughts about staying healthy in a long-term care facility, and the role you play in making healthcare decisions and helping them stay healthy.

You are the expert on your experience, and your thoughts and opinions are greatly valued and appreciated. We want to learn from you. We encourage you to speak openly and honestly about your experience. There are no right or wrong answers.

Details about this project are discussed in the following sections. It is important that you make an informed choice about participating. You should ask the individual named below any questions you have at any time.

Should you agree to participate in the discussion, here are some points you should know:

- **Rights Regarding Participation:** This discussion is completely voluntary. If you do not want to answer a particular question, you may choose not to answer.
- **Privacy:** We will take every precaution to protect your identity and ensure your privacy. We will keep your full name and identifying information private and your identity will not be disclosed, nor included in any reports. Your contact information and name will not be attached to any of your responses.
- **Benefits:** Your participation in the interview will not result in any direct benefits to you. However, your input will help to develop effective communication materials that aim to protect people's health.
- **Risks:** The interview poses minimal, if any, risks to you.
- **Incentive:** You will receive a token of appreciation for your participation.

- **Audio and Video Recordings and Notes:** The discussion will be audio and video recorded so it can be transcribed and used to help write a report. Transcripts based on the recordings will be shared with CDC, but these transcripts will not include your name or any identifying information. No comments you make will be linked with your name in any way in reports about these interviews.

We will keep all information, notes, and audio recordings stored securely. Only project staff and directly involved CDC staff will be able to access the information. Project records will be maintained in accordance with the federal record retention requirements.

- **Being on Camera:** We ask that you join the interview on a device such as a desktop computer or laptop where you can be on camera with the moderator and other participants. During the interview we also request that you send calls to voicemail and do not do other activities on your device to ensure the conversation is free of distractions.
- **Loved One Being Present:** The nature of this interview requires you to spend the first 45 minutes in a discussion with your loved one that you have identified as living in a long-term care facility. You will be expected to manage the logistics for finding a time and location that works for both you and your loved one, and they will be present for 45 minutes of this discussion.
- **Questions:** We will answer any questions you have about this interview at any time.
- **Contact Information:** If you have any questions about this discussion or the project specifically, please contact Mike Ruddell at MRuddell@KRCresearch.com.

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. The above document describing the benefits, risks, and procedures for this project has been explained to me. I agree to participate in the project.

Signature of Participant

Date

Signature of Person Obtaining Consent

Date