SAMPLE CONSENT FORM

___ County Alcohol and Prescription Drug Use Focus Group (or Interview)

Statement of Informed Consent

Information

The _____ is collecting information to help guide a planning process for reducing high risk alcohol use and the misuse of prescription drugs within the 18-25 year-old population in _____ County. We are hoping to gain insight into _____ that will inform efforts to develop programs to reduce the use of alcohol and prescription drugs.

In order to gain more in-depth understanding about how 18-25 year-olds in _____ County view _____, we are conducting # of focus groups/interviews across the county. You have been selected to participate in this group discussion/interview on the basis of your role in _____. During this discussion/ interview, we will ask you questions about what you think about _____. There are no right or wrong answers. We are only interested in your opinions. The focus group/interview should last about _____ minutes.

Voluntary & Risks

Participation in the group discussion/interview is voluntary. You may choose not to answer any questions or choose to quit the discussion/interview at any time. We do not anticipate that you will experience any risks or discomforts from participating in this focus group/interview.

Confidentiality

The group's discussion/interview will be recorded, but be assured that information gathered in this group discussion/interview is *confidential*. Only members of _____ will see or listen to the information obtained from these discussions/interviews. The recording will be stored on a secure computer server and will be destroyed at the completion of the project. All names will be removed prior to any reporting and sharing of information.

All information obtained from the # focus groups/interviews will be combined to develop a summary report, and no information from the report will identify you as an individual. Summarized results of these focus groups/interviews also may be presented in publications, professional meetings, or at conferences.

Information

The results of this data collection may not benefit you directly. However, they will contribute to a body of knowledge concerning _____, its impact on _____, and its potential for _____ across the county.

Contact

If at any time you have any questions or concerns, please feel free to contact one of the individuals listed below:

Name *Affiliation*
Email; phone

Name *Affiliation*
Email; phone

Your signature below indicates that you have read this consent form and that you voluntarily agree to participate in this group discussion. You will receive a copy of this consent form for your reference. Thank you!

_____	_____	_____
Print Participant Name	Signature	Date
_____	_____	_____
Name of Interviewer	Signature	Date