

***Focus Group Discussion on Immunization
Consent Form***

I, _____ (write name of participant) would like to take part in the focus group discussions sponsored by the Chicago Area Immunization Campaign and the Chicago Department of Public Health (CDPH). By signing this consent form, I understand that I am agreeing to take part in a focus group discussion about immunization. Facilitators who are not affiliated with the CDPH and are trained to protect participants from embarrassment or discomfort will lead these discussions. I am aware that this discussion will include:

- 5 to 7 participants besides myself who are parents/caretakers
- One session that will last about 1.5 hours
- Open discussions on how to overcome barriers and improve immunization status of children

This agreement states that I know the discussions I will be involved in will be audio taped and that the recordings will be used to prepare a report on the discussion. I understand that my comments will be shared in front of other focus group participants and that although all participants will be asked not to discuss participant's responses outside of the focus group, the facilitators cannot guarantee the confidentiality or privacy of responses. Additionally, no one other than those participating in the focus group will be able to connect my name to any comments made during the focus group session.

I also understand that the tapes and written summaries will be kept confidential and that no one from the CDPH or the Illinois Maternal and Child Health Coalition will be allowed to listen to the audiotapes from the focus group. Once the tapes are transcribed, they will be destroyed. Written summaries without identifying information will be provided to the CDPH for the purposes of planning and reporting only. I understand that some of my comments, while not associated with me personally may be used in written comments. As a participant in this discussion, I am familiar with my rights, which are listed below.

PARTICIPANTS' RIGHTS

- I have the right to obtain a copy of this form
- No name or identifying information will be connected with any of my answers or opinions
- Only the facilitators and the report writers may have access to the tapes or the surveys
- My participation is voluntary and there will be no penalty if I should decide to:
 - Stop participating
 - Refuse to give my comments or advice on any item of discussion
 - Ask for the tape recorder to be turned off
- A trained facilitator will stop the session if they believe anyone is becoming upset

Participant Signature _____

For questions about your rights as a volunteer, you may call Cheryl Byers of CDPH at 312-746-6120