

**APPENDIX C:
INFORMED CONSENT**

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Year	Interview Supervisor	Interviewer	Survey Number

**Alaska Native
Adult Tobacco Survey
Informed Consent**

Purpose and Benefits

[Organization conducting survey] is surveying Alaska Native adults to learn about the knowledge, attitudes, and behaviors involved in tobacco use. Your answers will help us understand tobacco use in your community and improve services and programs aimed at preventing or decreasing tobacco use, especially among young people. The interview will take about [approximate minutes to complete survey, including user-specified questions] minutes.

Safeguards for Your Privacy

This survey will be kept private and secure. No one but your interviewer will know how you answered the questions. This interviewer has signed a pledge to keep all information about you confidential.

Your name will be removed from all documents in the survey. A number will be assigned to the questionnaire instead. The list linking names with numbers will be kept in a locked, secure place until all questionnaire answers have been entered into the computer. Directly after these data have been entered, any information that identifies you will be destroyed. Then, after the data are analyzed, your questionnaire also will be destroyed.

Only project staff will have access to the data. We will not use your name when we report survey results. The data we collect from you will be combined with data from other Alaska Native adults. The combined data will yield a profile of community smoking and health.

Risks and Benefits

There are no known risks to you as a person taking this survey. There are no known direct benefits to you. However, the overall impact for your community may be great because new data on tobacco use will help address a crucial health problem. You will receive [incentive payment] for your time.

Your Rights as a Participant

Taking the Alaska Native Adult Tobacco Survey is your choice. If you feel uneasy about any question, you may refuse to answer it. You may skip questions you do not want to answer.

You may stop the interview at any time. If you decide not to take part in or to stop the interview, you will not lose any services you are receiving.

If you have any questions about this survey, you may call [contact person, usually the field supervisor, and contact information]. You may also call the project coordinator [name and contact information]. If you have questions about your rights as a respondent, you may call [institutional review board contact person and contact information].

I am now going to read aloud the next section. It states the terms of our agreement. Then we both must sign and date the consent form before we can continue.

Respondent Agreement

The Alaska Native Adult Tobacco Survey has been explained to me. I consent to take the survey. I have had a chance for my questions to be answered. I know that I may refuse to answer or may stop the interview at any time without any loss of health care benefits I am receiving. I understand that if I have questions about this survey or my rights in taking it, or if I feel I have been injured in this study, I may contact the local field supervisor or the project coordinator. I understand that no funds have been set aside to compensate respondents for injuries.

I understand that I will receive [incentive payment amount and form] for my time.

Respondent Signature: _____ Date _____

Interviewer Signature: _____ Date _____

CC: Respondent, Project Coordinator