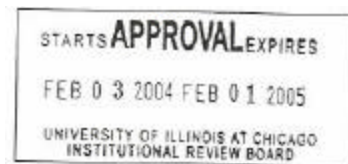




CONSENT FOR PARTICIPATION IN A FOCUS GROUP



The University of Illinois at Chicago, together with Healthcare Consortium of Illinois, the Illinois Diabetes Control Program (Department of Human Services), and other groups, is implementing a Community Action Plan with representatives of local organizations and communities. We would like you to participate in a guided group discussion called a “focus group.” The questions asked are related to the health needs of the community and people with diabetes. These include diet, exercise, preventive screening and other medical care, diabetes management, patient self-care, and immunizations, and the potential strategies and solutions to these problems related to them.

This project is being conducted by the *Midwest Latino Health Research, Training, and Policy Center* of the *College of Social Work, University of Illinois at Chicago*. The project is sponsored by the REACH 2010 Initiative of the CDC National Centers for Chronic Disease Prevention and Health Promotion. The UIC Latino Center’s director and principal investigator is Aida L. Giachello.

By signing this form:

1. I understand that there is no physical or emotional harm in participating in this group discussion. The benefits are an increased awareness of health issues and services in this community. One possible risk is that I may not immediately get information or support on issues you may share in the group.
2. I will not share outside the group any information shared by other participants about themselves, or their identity. However, there is no guarantee that others might share this information.
3. I will be given a brief questionnaire, called a Participant Profile, at the beginning of the session. I understand I will be asked some questions about my personal background. These include age, sex, education, health insurance, and health status. (Please do not write your name or street address on the questionnaire.)
4. The group discussion will last about 90 minutes.
5. I agree to allow the research team to tape-record the group discussion. This is to make sure that the information reflects what was said by me and other participants. Tape recordings will be kept for three years, or the life of the project, and then destroyed. All information obtained will be kept confidential and in secure locked files.

Southeast Chicago Diabetes Community Action Coalition

6. I have the right to withdraw from the group even if it has not finished. My refusing to participate will not involve a penalty or loss of benefits to which I am eligible.
1. I understand that I will never be identified by name with anything I say or do during this meeting by the evaluators. None of the information shared with the public will have my name or any other identifying personal information.
2. I understand there will be no compensation and/or payments by participating institutions for injuries occurring during this meeting, except those stipulated by law.
3. Participating in this group is voluntary. I understand I will be paid ___ after I complete the group session for my time and efforts.
4. I freely and voluntarily agree to participate in this group. A research team member must have explained the need for this study, and the risks in participating. He or she has offered to answer any questions which I may have. I understand that I may keep a copy of this consent form for my own information.

Legal and Ethical Warning. The procedures used in this study have been subject to review and approval by the Human Subjects (or Institutional Review) committees of the *University of Illinois at Chicago*. You have the right and the opportunity to consult with these committees and the project administrators. The telephones are:

UIC Midwest Latino Health Research Center	312-413-1952
Aida L. Giachello, Ph.D. - Principal Investigator	
Jose O. Arrom, MA - Project Evaluator	
University of Illinois at Chicago	312-996-1711
Office of Protection from Research Risks	
Margaret Davis, RN - Healthcare Consortium of Illinois	312-567-0116
Chandana Nandi, MS - Illinois Diabetes Control Program	217-782-2166

Volunteer/Participant (Signature and Date)

(Print Name)

Witness (Signature and Date)

(Print Name)

Research Team (Signature and Date)

(Print Name)