

Community-Based Research Interview Consent Form

Study Title

Researcher(s) Name & Contact Information

Purpose of the Study

Procedures

-
-

Duration

Potential Risks or Discomforts

-
-

Potential Benefits

-
-

Confidentiality

Voluntary Participation

Right to Withdraw

Who to Contact

Consent

☐ I have read the information above and my questions have been answered. I voluntarily agree to participate in this interview.

Participant Name:

Signature:

Date: