INTERVIEW CONSENT FORM
Name of Project: Encourage the use of asthma control questionnaires to improve asthma management
Student's Name: Betty J. Burton
Date: 4/23/2016

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.
The interviewee affirms that he/she has consented to this interview.

Yes [X] No _____

If not consenting as above: please add the interviewee names here for the Department of Family Medicine information only.

Name: __________________________________________
Name: __________________________________________
Name: __________________________________________
Name: __________________________________________

If you received informed consent, please upload this page as a separate document entitled: “Name of Project/Interview Consent Form”.

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.
INTERVIEW CONSENT FORM
Name of Project  Encouraging the use of asthma control questionnaires
Student's Name  ATTAR and TRACK to improve asthma management
Date  Outcomes

Michael Chung
4/26/2016

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.
The interviewee affirms that he/she has consented to this interview.

Yes  No

[Signature]

If not consenting as above: please add the interviewee names here for the Department of Family Medicine information only.

Name: ______________________________________________________
Name: ______________________________________________________
Name: ______________________________________________________
Name: ______________________________________________________

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INTERVIEW CONSENT FORM

Name of Project: Encouraging the use of asthma control questionnaires to improve asthma management outcomes

Student's Name: Michael Chung

Date: 4/26/2016

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.
The interviewee affirms that he/she has consented to this interview.

Yes [X] No [ ]

[Signature]

If not consentling as above: please add the interviewee names here for the Department of Family Medicine information only.

Name: ________________________________

Name: ________________________________

Name: ________________________________

Name: ________________________________

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