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Obesity Intervention and Prevention

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Interview Consent Form

- 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 Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.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: ____Ilene Siegel, RD CDE_____

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- Name: _____Dale D. Stafford, MD_____

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  If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.
- Name: _____Susan C. Kamp_____