CONSENT TO PARTICIPATE IN INTERVIEW

Evaluation of Water Filters and Portable Water Test Kits in India

You have been asked to participate in a research study conducted by the Massachusetts Institute of Technology (M.I.T.). The purpose of the study is to understand how you use water technologies in your home. The results of this study will be included in one or more academic papers and evaluation reports. You were selected as a possible participant in this study because you are using one of the water filters/test kits we are evaluating. You should read the information below, and ask questions about anything you do not understand, before deciding whether or not to participate.

• This interview is voluntary. You have the right not to answer any question, and to stop the interview at any time or for any reason. We expect that the interview will take about one hour.

• You will not be compensated for this interview.

• Unless you give us permission to use your name, title, and / or quote you in any publications that may result from this research, the information you tell us will be confidential.

• We would like to record this interview so that we can use it for reference while proceeding with this study. We will not record this interview without your permission. If you do grant permission for this conversation to be recorded, you have the right to revoke recording permission and/or end the interview at any time.

This project will be completed by December 2014. All interview recordings will be destroyed no later than 1 year after that date.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

(Please check all that apply)

[ ] I give permission for this interview to be recorded.

[ ] I give permission for the following information to be included in publications resulting from this study:

[ ] my name   [ ] my title     [ ] direct quotes from this interview

Name of Subject ____________________________________________

Signature of Subject ________________________________________ Date ____________

Signature of Investigator __________________________ Date _________

Please contact (your name and contact info) with any questions or concerns.

If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact the Chairman of the Committee on the Use of Humans as Experimental Subjects, M.I.T., Room E25-143b, 77 Massachusetts Ave, Cambridge, MA 02139, phone 1-617-253-6787.