Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conflict of Interest Disclosure Form for PRO Focus Groups**

This section addresses disclosure of any current and past activities that may indicate a conflict of interest. As a measure developer for the Centers for Medicare & Medicaid Services (CMS), UM-KECCmust ensure independence, objectivity, scientific rigor, and balance in its measure development activities.

Do you or any family members have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest? ☐Yes ☐No

If yes, please describe (grant/research support, consultant, speaker’s bureau, and major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? ☐Yes ☐No

If yes, please describe the type of intellectual interest and the name of the organization/group.

**For patient participants only:** I wish to keep my name confidential. ☐Yes ☐No