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# **SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION**

for

## **Evaluation of the Parents Speak Up National Campaign: Children's Study**

Prepared for

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## Table of Contents

Section	Page
A. Justification.....	4
1. Circumstances Making the Collection of Information Necessary.....	4
2. Purpose and Use of the Information Collection.....	5
3. Use of Improved Information Technology and Burden Reduction.....	6
4. Efforts to Identify Duplication and Use of Similar Information.....	6
5. Impact on Small Businesses or Other Small Entities.....	7
6. Consequences of Collecting the Information Less Frequently.....	7
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	8
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	8
9. Explanation of Any Payment or Gift to Respondents.....	8
10. Assurance of Confidentiality Provided to Respondents.....	9
11. Justification for Sensitive Questions.....	11
12. Estimates of Annualized Burden Hours and Costs.....	11
12A. Estimated Annualized Burden Hours.....	11
12B. Estimated Annualized Cost to Respondents.....	12
13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers.....	12
14. Annualized Cost to the Federal Government.....	12
B. Collection of Information Employing Statistical Methods.....	18
1. Respondent Universe and Sampling Methods.....	18
2. Procedures for the Collection of Information.....	19
3. Methods to Maximize Response Rates and Deal with Nonresponse.....	20
4. Tests of Procedures or Methods to be Undertaken.....	20
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	21

## Appendices

A	Public Law 108-447/ HR 4818-326, Consolidated Appropriations Act, 2005.....	22
B	Efficacy Evaluation Data Collection Materials.....	25
C	<i>Federal Register</i> Notice to the Public.....	61
D	RTI Institutional Review Board Approval Notice.....	63
E	Assurances of Confidentiality and Study Descriptions Provided to Respondents.....	65
F	Knowledge Networks Privacy and Confidentiality Procedures.....	74
G	E-mail Notifications.....	77
H	Knowledge Networks Panel Recruitment Methodology.....	87

## List of Exhibits

Number		Page
1	Evaluation Research Questions.....	6
2	RTI/Knowledge Networks Studies Involving Respondents Receiving Incentives and Corresponding Response Rates.....	9
3	Estimated Annualized Burden Hours:.....	11
4	Estimated Annualized Cost to Respondents: Year 1.....	12
5	Logic Model for the Evaluation of the Parents Speak Up National Campaign.....	13
6	PSUNC Study Design.....	14
7	Children’s Study Hypotheses.....	16
8	PSUNC Evaluation Analyses.....	17
9	Time Schedule for the Entire Project.....	18
10	Numbers of Teens.....	19
11	Study Design and Sample.....	20

This document provides a Supporting Statement to accompany a request for approval of collection of information for the evaluation of the Parents Speak Up National Campaign: Children's Study.

## **A. Justification**

This section provides detailed justification for the request for approval of collection of information for the evaluation of the Parents Speak Up National Campaign: Children's Study.

### **1. Circumstances Making the Collection of Information Necessary**

This program is authorized by Section 301(a) of the Public Health Service Act (42 U.S.C. 241(a), as amended). The Parents Speak Up National Campaign is a \$10 million per year effort to encourage and help parents talk early and often to their pre-teens and teens about waiting to have sex. Funds for the Parents Speak Up National Campaign were made available under the authority provided in Public Law 108-447/ HR 4818-326, Consolidated Appropriations Act, (**Appendix A**). The campaign includes public service announcement (PSA)-type spots and print advertisements, as well as guides parents to a Web site, 4parents.gov. This Web site provides information to parents of pre-teens and teens on sex, sexual development, and parenting. The campaign's primary target audience is parents of pre-adolescent and adolescent children.

The evaluation is designed to determine the efficacy of the Parents Speak Up National Campaign's (PSUNC) public service announcements and their messages. This study will be conducted using the Knowledge Networks panel, a large online panel of the United States population. The Knowledge Networks panel has been used for a number of other similar studies, including studies led by RTI.

Currently there are two OMB-approved collections as part of the Evaluation of the Parents Speak Up National Campaign: The Evaluation of the National Abstinence Media Campaign (OMB 0990-0311) and the Evaluation of the Parents Speak Up National Campaign: Focus Groups (OMB 0990-0314). These two collections use an efficacy study and focus groups, respectively, to evaluate the Parents Speak Up National Campaign. The next phase of this Office of Population Affairs (OPA)-funded project will include a companion study to conduct a Web-based survey with children aged 13–14 of a subset of the parents in the parent study. RTI will conduct a pilot test involving a convenience sample of teens aged 13 to 14 who are identified from among a general Knowledge Networks parent panel. A Web-based data collection instrument will be pilot tested using nine teens of nine parents randomly selected from among this panel. Teens must live in the same home as the Knowledge Networks panel member parent and be able to read English but will not be selected based on level of risk. Teens will self-administer this Web survey at home on personal computers. The pilot survey will assess perceived risks from teen sexual activity, perceived susceptibility, disapproval of teen sexual activity, self-efficacy to talk about sex with their parent, outcome efficacy, perceived value of delayed sexual activity, and parent-child communication about sex. The purpose of the pilot evaluation is to help the research team test the survey instrument to decrease future participant burden and increase the effectiveness of the survey instrument data.

Following this pilot test, the study team will sample approximately 760 teens to take the children's survey. To better gauge the effects of PSUNC messages, all youth aged 13 to 14 who

are children of the parents participating in the primary study will be contacted and recruited for participation in this evaluation. The primary aims of this study augment the aims for the evaluation of the PSUNC by assessing the comparability of parent and child responses to questions regarding parent-child communication. Additional analysis will assess the secondary effect of PSUNC messages on the children of exposed parents.

Numerous studies have found that parent-child communication about reproductive health issues is associated with delayed sexual initiation and reduced sexual activity among teens (Clawson & Reese-Weber, 2003; DiIorio, Kelley, & Hockenberry-Eaton, 1999; Dutra, Miller, & Forehand, 1999; Guzman et al., 2003; Holtzman & Robinson, 1995; Hutchinson, Jemmott, Braverman, & Fong, 2003; Jaccard & Dittus, 1991; Jaccard, Dodge, & Dittus, 2002; Karofsky, Zeng, & Kosorok, 2000; Rose, Koo, Bhaskar, Anderson, White & Jenkins, 2005). The Parents Speak Up National Campaign presents a unique opportunity to evaluate the efficacy of a media intervention to promote parent-child communication about waiting to have sex. Indeed, the potential effectiveness of media campaigns in promoting protective factors against health risk behavior is supported by evaluation results from other media campaigns (Bauman, LaPrelle, Brown, Koch, & Padgett, 1991; Davis, Nonnemaker, & Farrelly, 2006; DuRant, Wolfson, LaFrance, Balkrishnan, & Altman, 2006; Farrelly, David, Haviland, Messeri, & Healton, 2005; Farrelly, Healton, Davis, Messeri, Hersey, & Haviland, 2002; Flynn et al., 1994; Hornik, 1997; Hornik et al., 2003; Huhman, Potter, Wong, Banspach, Duke, & Heitzler, 2005; Siegal & Biener, 2000; Snyder, Diop-Sidibe, & Badiane, 2003).

## **2. Purpose and Use of the Information Collection**

The purpose of the data collection and evaluation is to determine the efficacy of Parents Speak Up National Campaign public service announcements and their messages in achieving desired outcomes. The primary aims of this study augment the aims for the evaluation of the PSUNC by assessing the comparability of parent and child responses to questions regarding parent-child communication. Agreement in the following areas will be examined: parent-child communication about sex, exposure to PSUNC messages and attitudes and beliefs regarding sexual activity, and persistence of the PSUNC message over time. Key research questions for evaluation are presented in **Exhibit 1**. A copy of the evaluation data collection instrument is attached in **Appendix B**.

The information obtained from the proposed data collection activities will be used to inform the U.S. Department of Health and Human Services, policy makers, parents, prevention practitioners, and researchers about the effects of the campaign messages in a controlled setting to encourage and help parents talk to their pre-teens and teens early and often about waiting to have sex. This information will enable the U.S. Department of Health and Human Services to more effectively address abstinence education among children. Finally, the data provided from the proposed evaluation may be used for an understanding of the appropriateness for continued or expanded funding and dissemination of the campaign.

## **Exhibit 1. Evaluation Research Questions**

This will study address the following research questions:

- To what extent do parents and children agree on the amount of parent-child communication about attitudes and behavior related to sexual activity?
- Is there greater agreement in the exposed condition than in the no exposure condition?
- Is the degree of agreement about parent-child communication between parents and children associated with children's attitudes and beliefs?
- Do children of parents exposed to PSUNC messages report more parent-child communication than children of parents not exposed to PSUNC messages?
- Is there evidence of a dose-response effect to PSUNC messages?

### **3. Use of Improved Information Technology and Burden Reduction**

The Parents Speak Up National Campaign's public service announcement efficacy evaluation will rely on Web surveys to be self-administered at home on personal computers. We anticipate a higher response rate, particularly because our sample of teens for the children's survey is linked with parents who have already agreed to participate in the Parent study. Use of the Internet has the advantages of being able to expose treatment condition respondents to Parents Speak Up National Campaign video or audio messages, allowing respondents to complete as much of the survey as desired in one sitting and to continue the survey at another time, minimizing the possibility of respondent error by electronically skipping questions that are not applicable to a particular respondent, and creating the least burden to the respondent. One alternative method considered was to conduct telephone surveys. However, telephone surveys are generally limited to a maximum of about 15 minutes so respondents do not feel imposed upon. The longer a telephone survey continues, the more likely it is that respondents will "drop out" and not fully answer all the questions. In addition, response rates for telephone surveys are decreasing as new technology (answering machines, voice mail, caller identification) becomes available (O'Rourke et al., 1998), and non-locate rates in later waves of longitudinal telephone surveys are increasing, likely due to increased use of cellular phones and frequent switching of carrier companies. Telephone surveys also do not allow us to expose participants to campaign messages and stimuli, preventing controlled experiment study designs. In sum, because of the disadvantages of alternate modes of administration and because our research objectives could not be fully met without a high response rate among selected respondents, we determined that the study design of collecting data via Web surveys was the best methodology.

### **4. Efforts to Identify Duplication and Use of Similar Information**

The Parents Speak Up National Campaign is a new media campaign. The evaluation is also new and therefore does not duplicate previous efforts. In designing the proposed data collection activities, we have taken several steps to ensure that this effort does not duplicate ongoing efforts and that no existing data sets would address the proposed study questions. To ensure that this study is forging new ground in our understanding of the efficacy of the Parents Speak Up National Campaign public service announcements, we conducted an extensive review of the

literature by examining several large periodical journal databases. We identified published articles or books containing the keywords “adolescent,” “youth,” “abstinence,” and “parent-child communication.” In addition to reviewing published information, we searched for “gray” literature by contacting well-known researchers in the field and by exploring the Internet. Searches were performed on several Internet search engines, including Google, Yahoo, AltaVista, Medline, and Science Direct, using search terms “adolescent,” “youth,” “abstinence,” and “parent-child communication.”

The results of the literature search and consultation with experts in the field revealed that although a fair amount of research has been conducted on parent-child communication about sex, little has been done to evaluate the efficacy of a media campaign like the Parents Speak Up National Campaign. One study evaluated a state-level media campaign to promote parent-child communication about sex, but only post-intervention data were collected, preventing conclusions that the campaign caused increases in parent-child communication (DuRant et al., 2006); the researchers noted that high levels of parent-child communication before the campaign may have contributed to increased campaign awareness among some parents and explained associations between campaign awareness and high levels of parent-child communication after campaign exposure. To date, no duplication of the proposed effort has been identified.

We have carefully reviewed existing data sets to determine whether any of them are sufficiently similar or could be modified to address OPA’s need for information on the efficacy of the Parents Speak Up National Campaign public service announcements with respect to parent-child communication about waiting to have sex. Efforts to avoid duplication include a review of OPA’s administrative agency reporting requirement and of existing studies of OPA’s programs. We investigated the possibility of using existing data to examine our research questions, such as data collected as part of the evaluation of Title V, Section 510 abstinence education programs (Maynard et al., 2005); evaluations of current and past grantees delivering abstinence education programs; state-level and local evaluations of abstinence education efforts; surveys by the National Campaign to Prevent Teen Pregnancy (2003); and the National Survey on Family Growth (Abma, Martinez, Mosher, & Dawson, 2004; Albert et al., 2005). However, none of these existing data included pre- and post-test data in a randomized design to test messages like the ones employed in the Parents Speak Up National Campaign.

## **5. Impact on Small Businesses or Other Small Entities**

No small business will be directly involved in the collection of data in this study.

## **6. Consequences of Collecting the Information Less Frequently**

If this evaluation were not conducted, it would be difficult to determine the value or impact of Parents Speak Up National Campaign public service announcement messages on the lives of the people they are intended to serve. Failure to collect these data could reduce effective use of program resources to benefit parents and children.

The children’s study involves one data collection point—a 20-minute survey. No future contacts are envisioned.

## 7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

These data are collected in a manner consistent with the guidelines in 5 CFR 1320.5. There are no special circumstances contained within this application.

## 8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the Federal Register on December 12<sup>th</sup>, 2007, in volume 72, number 238, pg. 70597 and provided a 60-day period for public comments (see **Appendix C**). There were no public comments.

Key stakeholders were consulted in 2006 regarding the direction of the PSUNC evaluation, including representatives from national organizations in the field of teen pregnancy prevention and abstinence education, as well as researchers from universities and other organizations. RTI staff met with OPA representatives and the media contractor to learn about formative research involving parents, how the Parents Speak Up National Campaign will work in the field, the content and strategy of Parents Speak Up National Campaign messages, and the feasibility of conducting an efficacy evaluation. The information provided from these discussions was extremely helpful in informing RTI staff about the expected reactions among parents who will participate in the study. RTI also received considerable input from OPA and key stakeholders regarding issues they would like addressed as part of the efficacy evaluation. Finally, OPA staff provided useful information on logistics of campaign message development and expected date of availability for use in the study. This information helped guide the development of both the Parents Speak Up National Campaign public service announcement efficacy evaluation instrument and study design. OPA reviewed the survey plans, and key stakeholders were consulted throughout the survey design process by telephone. Input and recommendations were incorporated into the survey and questionnaire design to the extent possible.

## 9. Explanation of Any Payment or Gift to Respondents

Upon agreeing to be a Knowledge Networks panel member, respondents are given free hardware, free Web access, free e-mail accounts for each panel member, and ongoing technical support. While these products/services are provided to facilitate the data collection methodology, respondents are given free usage of the products for personal use, and these benefits are used as an incentive for recruiting potential panel members.

In addition, teens completing or attempting to complete the survey will receive Knowledge Networks bonus point incentive in the amount of 20,000 (equivalent to \$20 cash). Participants are difficult to engage in a survey about this sensitive topic without the use of a small incentive. The incentives are intended to recognize the time burden placed on teens, encourage their cooperation, and convey appreciation for contributing to this important study. Numerous empirical studies have shown that incentives can significantly increase response rates (e.g., Abreu & Winters, 1999; Shettle & Mooney, 1999). The decision to use incentives for this study is based on several projected conducted by RTI and Knowledge Networks, which found that use of \$10 to \$20 incentives increased response rates among adults. **Exhibit 2** summarizes several such studies and the response rates achieved. Although these studies differ in other respects that



could account for some variability in response rates, overall, incentives of at least \$5 were generally associated with higher response rates compared with no incentive.

**Exhibit 2. RTI/Knowledge Networks Studies Involving Respondents Receiving Incentives and Corresponding Response Rates**

<b>Study</b>	<b>Population</b>	<b>Incentive Provided</b>	<b>Response Rate Achieved</b>
National Longitudinal Transition Study 2	Parents and teens aged 13 to 16, in at least 7th grade, and receiving special education as of December 1, 2000 (Wave 1)  Teens aged 15 to 18 (Wave 2)  Teens aged 17 to 20 (Wave 3)	\$20 for parents for each wave  \$20 for teens for each wave	70% (Waves 1-3):  Overall “family” response rate (meaning that an interview was completed with either a parent or a youth within 70% of the households)
Evaluation of Media Campaign Survey	California residents aged 18-55	\$5 to \$25	78%
The University of California Irving Stress and Trauma Study (2001–2004)	Adult panelists and teens (13–17 with parental approval)	\$10 initial incentive Pool A, \$10 initial incentive + \$10 completion incentive Pool B	83%: Pool A  79%: Pool B

The use of modest incentives is expected to enhance survey response rates without biasing responses or coercing respondents to participate. A smaller incentive would not appear sufficiently attractive to teens. The amount of the incentives was determined through discussions with RTI staff with expertise in conducting parent surveys about parent-child communication. All respondents are given free hardware, free Web access, free e-mail accounts, and ongoing technical support as pre-incentives by Knowledge Networks. Because all selected individuals may not be eligible for the study, we want to ensure sufficient project spending and only provide bonus point incentives to respondents after they are determined to be eligible.

**10. Assurance of Confidentiality Provided to Respondents**

All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights, privacy, and confidentiality of parents are protected and maintained. The RTI Institutional Review Board (IRB) reviewed all instruments, informed consent materials, and procedures to ensure that the rights of individuals participating in the study are safeguarded. A copy of the RTI IRB approval notice is included as **Appendix D**. RTI has also applied for –and on February 25, 2008 received – approval for an NIH Certificate of Confidentiality through the National Institute of Child Health and Human Development due to the sensitive nature of the information being collected (**Appendix E**).

We will seek participation for the Web survey from teens who have parental permission. We will obtain both parental consent and teen assent (**Appendix B**). Parents will provide written consent by selecting the appropriate link. The parent consent form will inform parents that their teen has been selected to participate in this study and that their teen's participation is voluntary. To increase return rates, a follow-up e-mail will be sent to all parents if they have not responded. This e-mail will serve as a reminder to parents to complete the consent form online.

On the day the teens choose to take the survey online, the evaluation will be thoroughly described to participants in the assent form. Teens will provide written assent by selecting the appropriate link. This document explains the purpose and importance of the study and the planned use of the data. It also explains that the data will be treated as confidential. Teens will be informed that they can refuse to answer any particular questions or refuse participation in the study as a whole. The assent form will provide them with RTI contact information. To increase return rates, a follow-up e-mail will be sent to all teens if they have not completed the assent form. This e-mail will serve as a reminder to teens to submit their assent online and complete the questionnaire.

All respondents will be assured that the information they provide is confidential and will be used only for the purpose of this research. A written copy of the Certificate is provided in **Appendix E**. Respondents will be told that researchers cannot be forced to disclose information that may identify them, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. Respondents will also be told that the Certificate does not protect information voluntarily given out by them or the researcher, such as if they disclose that their or another person's life or health is in danger. Respondents will be assured that their answers will not be shared with family members and that their names will not be reported with responses provided. Respondents will be told that the information obtained from all of the surveys will be combined into a summary report so that details of individual questionnaires cannot be linked to a specific participant.

To ensure data security, all RTI and Knowledge Networks project staff are required to adhere to strict standards and to sign an oath of confidentiality as a condition of employment on this project. RTI maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a "need-to-know" basis only. Knowledge Networks has developed a secure transmission and collection protocol, including the use of system passwords, and two separate sets of firewalls to prevent unauthorized access to the system. Neither questionnaires nor survey responses are stored onto the WebTV box; questionnaires are administered dynamically over the Internet. Survey responses are written in real time directly to Knowledge Networks' server and are then stored in a local Oracle database. The database is protected primarily through firewall restrictions, password protection, and 128-bit encryption technology. Individual identifying information will be maintained separately from completed questionnaires and from computerized data files used for analysis. A detailed description of additional Knowledge Networks privacy and confidentiality procedures is attached in **Appendix F**. No respondent identifiers will be contained in reports to the OPA and results will only present data in aggregate.

We will seek approval and review by the OS Privacy Act Coordinator, Maggie Blackwell.

## 11. Justification for Sensitive Questions

The major focus of the Parents Speak Up National Campaign is to promote parent-child communication about waiting to have sex. Campaign advertisements and other materials cover issues around adolescent sexual activity and the benefits of waiting to have sex. Although the topics covered could potentially yield sensitive questions, this study's questions are not deemed sensitive. Upon seeking IRB approval from RTI International's Office of Research Protection, no questions within the survey were deemed sensitive. The informed consent protocol apprises respondents that these topics will be covered during the interview. These questions are included in the surveys because of their importance in understanding teen attitudes about sexual activity and the comparison they create to parents' responses about their child's sexual activity. This also enables comparison of children whose parents are in control and exposure groups of the PSUNC evaluation on parent-child communication about waiting to have sex. As with all information collected, these data will be presented with all identifiers removed.

## 12. Estimates of Annualized Burden Hours and Costs

The total response burden over the study is 253 hours. **Exhibits 3 and 4** provide details about how this estimate was calculated. The yearly response burden is estimated at 253 hours. PSUNC survey respondents will be composed of a panel of parents of children aged 10 to 14. Children of parents in this group, aged 13 or 14, will be surveyed to compare parent-child responses. The Web self-administered surveys will be designed to maximize ease of response (at home on personal computers) and thus decrease respondent burden. The total respondent cost is \$1,520.00.

### 12A. Estimated Annualized Burden Hours

The period of performance for the Parents Speak Up National Campaign evaluation currently includes only the children's (baseline) 20-minute survey.

The average annual response burden is estimated at 253 hours. **Exhibit 3** provides details about how this estimate was calculated. Year 1 response burden is estimated at 253 hours. Year 2 response burden is estimated at 0 hours. Over the year-long period, there is an estimated 253 burden hours.

### Exhibit 3. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses/ Respondent	Average Burden/ Response (Hours)	Total Burden (Hours)
13- or 14-year-old teen of Knowledge Networks "parent"* panel member	Children's survey	760	1	20/60	253
	TOTAL	760			253

\*Parent (or parent surrogate).

## 12B. Estimated Annualized Cost to Respondents

Respondents participate on a purely voluntary basis and, therefore, are subject to no direct costs other than time to participate; there are no startup or maintenance costs.

Timings were conducted during our pilot test procedures to determine the overall burden per respondent. Web data collection is expected to take 20 minutes per respondent. We will complete approximately 760 questionnaires in Year 1. The estimated annual cost for the hour burdens for collections of information will be \$1,520.00 for Year 1. (See **Exhibit 4**).

### Exhibit 4. Estimated Annualized Cost to Respondents: Year 1

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
13- or 14-year-old teen of Knowledge Networks "parent"* panel member	253	\$6.00**	\$1,520.00

\*Parent (or parent surrogate).

\*\*Estimates of average hourly living allowance for participants.

## 13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no capital costs associated with this study.

## 14. Annualized Cost to the Federal Government

With the expected extended period of performance, the cost estimate for the completion of this contract will be \$1,328,289 over 2 years. This total cost covers all PSUNC evaluation activities and includes information collection and other evaluation tasks not included in this OMB application. This is the cost estimated by the contractor, RTI International, and includes the estimated cost of coordination with OPA and the media contractor; evaluation plan development; collecting and reviewing relevant documents, existing data, and information from key stakeholders; instrument development and testing; RTI IRB and OMB applications; data collection; analysis; reporting; and progress reporting. Annual cost to the federal government is estimated to be \$664,144.50 (\$1,328,289/2).

## 15. Explanation for Program Changes or Adjustments

There are no changes in burden requested, as this is a new information collection.

## 16. Plans for Tabulation and Publication and Project Time Schedule

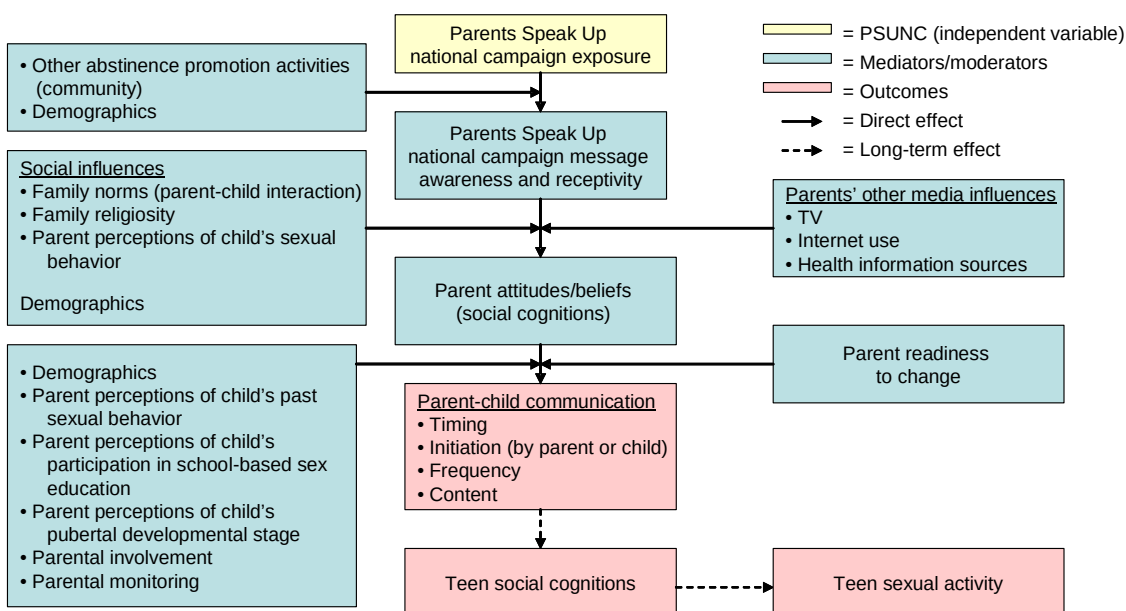
Our analyses will consist of two phases: (1) preliminary analyses of ONLY children's survey data and (2) comparison of children's survey data with parents' survey data. This will include single time point tests of association between hypothesized independent, mediating, moderating, and dependent variables (as conceptualized in **Exhibit 5**).

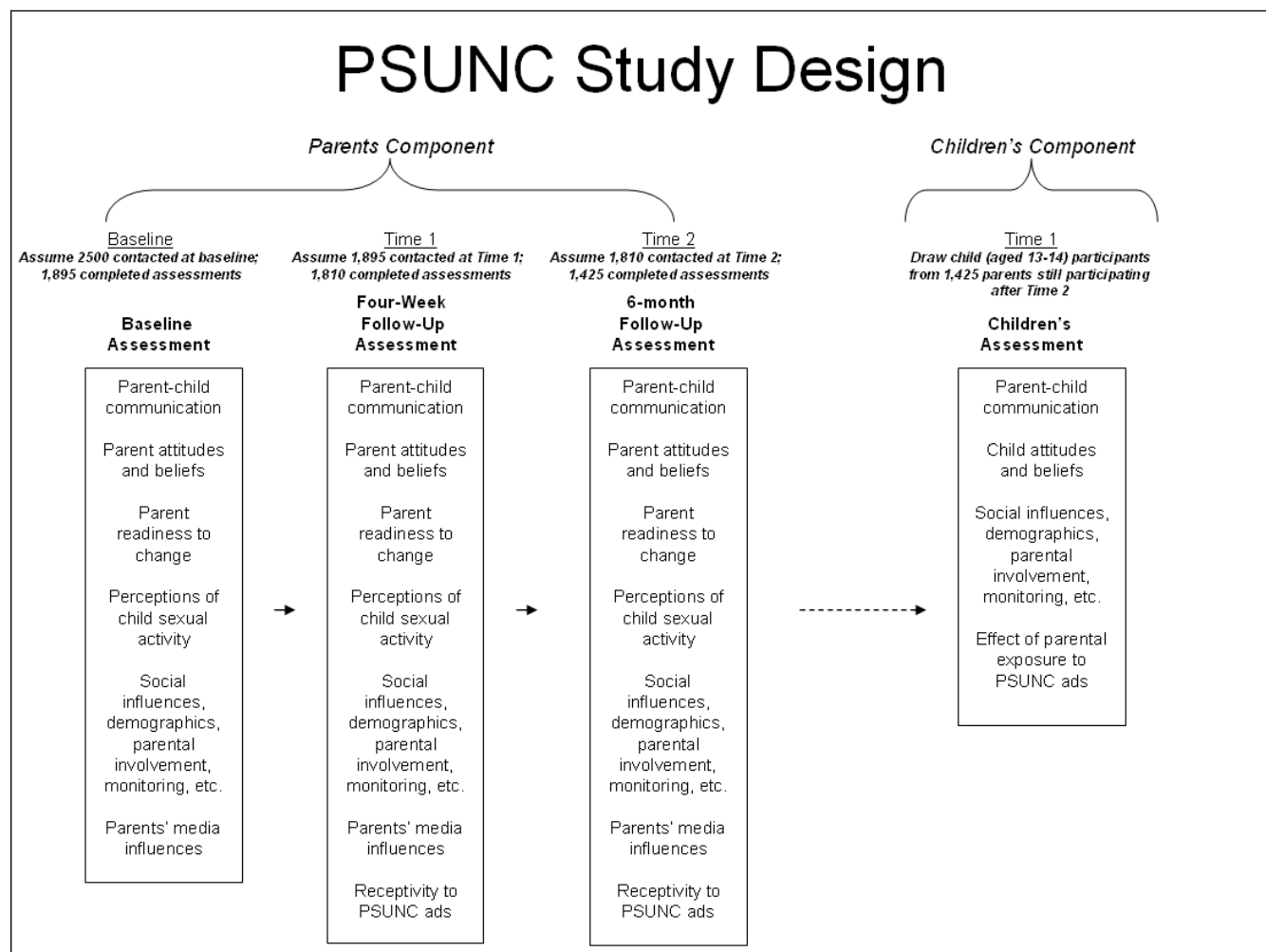
The method of participant selection is embedded within the study design of the PSUNC evaluation. This study will include approximately 760 teens aged 13–14 years of adult parents in the national Knowledge Networks panel. Parents of children aged 10 and 14 were chosen as the

target audience for the campaign and evaluation because focus groups conducted by the media contractor indicated that both parents and teens felt that the teen years were too late for parents to begin communicating with their children about waiting to have sex. As 1,895 adults will be recruited on the basis of being the parent of a 10- to 14-year-old child and assuming a uniform distribution across the children's ages, we anticipate identifying and recruiting approximately 760 youth age 13 to 14 for this component of the study. See **Exhibit 6** for study design model.

The following analysis plan presents a top-down approach to evaluating the effects of PSUNC messages on parent-child communications. Our approach includes three steps. We begin with a set of descriptive analyses to provide a general overview of the data and an examination of the distribution. These analyses will be followed by a set of contingency table analyses relying on Cohen's Kappa statistic to assess agreement between parents and children. Finally, we will construct a set of regression models to explore the impact of parent-child communication on children's attitudes, beliefs, and sexual activity behaviors and related risk factors. The hypotheses of these analyses are seen in **Exhibit 7**.

### Exhibit 5. Logic Model for the Evaluation of the Parents Speak Up National Campaign



**Exhibit 6. PSUNC Study Design**

### Descriptive Analyses

**Examining Sample Characteristics.** We will conduct comprehensive descriptive analyses of the characteristics of the sample to help us more fully understand the types of children and families in the research sample, including their backgrounds and risk factors. These analyses will be conducted using wave 1 data. While we expect that random assignment will ensure equivalent distribution across study conditions for children as well as parents, we will conduct several analyses to gauge the distribution of variables that may be correlated with outcomes of interest. As appropriate, t-tests and chi-square tests of association will be employed to assess the distribution of potentially confounding variables across study conditions. Any statistically significant deviations will be controlled for analytically.

### Analyses of Parent and Child Agreement

The first set of analyses will examine the congruency between child's and parent's report of communication about sexual behavior and waiting to become sexually active. To assess this, a parent-child matched dataset will be constructed for the purpose of developing two-way contingency tables. Variables of interest from the parent survey will be identified and replicated in developmentally appropriate terms that closely mirror the parent survey to support this aim.

Each item will have a Likert-type four category response set ranging from strongly agree to strongly disagree. This approach will permit us to assess agreement between the response of a child and their parent on similar questions regard amount and content of child-parent communication.

The data will be examined in a set of contingency table analyses using Cohen's kappa statistic (Anonymous, 2003; Cohen, 1960). Kappa is preferred to simple measures of trend because it corrects for chance association by conditioning the probability of agreement in the 2x2 contingency table according to the marginal distribution of events (Kramer & Feinstein, 1981). Kappa values below 0.4 are reflect poor agreement, those between 0.40 and 0.70 reflect fair to good agreement, and those above 0.70 reflect excellent agreement (Landis & Koch, 1977). These analyses will provide several relevant pieces of information. For example, the kappa statistics provides a distribution free measure of the level of agreement between child and parent that will allow us to compare level of agreement among sub-groups in our sample. This will allow us to compare the magnitude of kappa for parent-child pairs in the exposure and no exposure condition to determine whether PSUNC messages are associated with higher levels of agreement; statistical tests will allow us to determine whether these differences are beyond chance. Kappa can also be used to evaluate the reliability of each category (or level) of the variable of interest. Should interest fall on a particular level of agreement within the contingency table, weighting approaches can be employed with kappa that allow us to adjust the impact of that category on the overall kappa statistic (Anonymous, 2003).

### **Regression Analyses**

A set of multiple regression models will be constructed and used to address questions related to the impact of PSUNC messages on children's perception of child-parent communication and children's attitudes and beliefs about sexual behavior and behaviors that may be correlated with early initiation of sexual activity.

**Effects of PSUNC Messages on Youth.** An initial test of any exposure versus no exposure will be conducted. A set of multiple regression models will be constructed where outcome variables related to parent-child communication and children's attitudes and beliefs about sexual behaviors will be regressed on a dummy variable indicating exposure condition ( $C_0$  vs.  $C_1+C_2$ ); covariates that may potentially confound the association between exposure and parent-child communication will be included as well. These analyses will, for example, allow us to assess whether parents exposed to PSUNC messages are viewed by their children as more credible than parents not exposed to PSUNC messages.

**Effects of Parental Gender.** Following the initial assessment of exposure condition, we will examine parental gender as a potential modifier of parent-child communication. Based on prior research, we hypothesize that children in a mother-child dyad will report significantly more positive outcomes related to parental communication than children in a father-child dyad. Further, we will examine whether gender match between child and parent influences communication-related outcomes. In other words, we are also interested in whether daughters and mothers and fathers and sons report more positive communications about sexual behavior than cross-gender pairs.

**Evidence of a Dose Effect.** The final set of analyses will examine the effects of the booster exposure on the persistence of the effect of PSUNC messages. For these analyses, we will

compare only responses of youth in a mother-child dyad ( $n = 453$ ). We hypothesize that children in the no exposure condition ( $C_0$ ) will report poorer parent-child communication than children in the core exposure condition ( $C_1$ ), who will in turn report poorer parent-child communication than children in the booster exposure condition ( $C_2$ ). These analyses will employ a longitudinal design as described above.

### Exhibit 7. Children’s Study Hypotheses

The primary study hypotheses concern the effects of parental exposure to the campaign on children’s reports of parent-child communication and children’s attitudes toward sexual activity:

- Parental exposure to the campaign messages is associated with greater child-reported parent-child communication about waiting to have sexual activity.
- Children of parents exposed to a higher “dose” of campaign messages will report greater parent-child communication than those of parents that received a lower dose, or no dose of the campaign.
- Children of parents exposed to the campaign will have higher levels of knowledge, and more positive attitudes and beliefs about waiting to have sexual activity.
- Children of parents exposed to the campaign will have higher levels of agreement with their parents about the quantity and quality of parent-child communication about waiting to have sexual activity than children of unexposed to the campaign.
- Children of parents exposed to the campaign will report greater use of the 4parents.gov Web site than children of parents not exposed to the campaign.

Additionally, there are several secondary hypotheses, which represent relationships between mediating and moderating variables in the model, and the interaction between these variables, PSUNC exposure, and parent-child communication:

- Increased knowledge and improved attitudes and beliefs among children are associated with increased child-reported parent-child communication about sexual activity.
- Child knowledge, attitudes, and beliefs about parent-child communication mediate the relationship between campaign exposure and parent-child communication.
- Social environmental, child, and parental characteristics moderate the relationship between parent campaign exposure and child-reported parent-child communication.

The overall goal of these models is therefore to demonstrate the effects of parent exposure to the campaign on parent-child communication as reported by children (teens aged 13 to 14). Intervention effects will be tested as deviations from the normative trend over time (i.e., the change among parents in the non-exposure condition) in beliefs, attitudes, and behaviors that may be affected by exposure to the Parents Speak Up National Campaign. **Exhibit 8** summarizes each of our planned analyses using baseline children’s study data.

### Exhibit 8. PSUNC Evaluation Analyses

Time	Research Question/Hypothesis	Methods
Children’s Survey	To what extent do parents and children	Cross tabulations,



Time	Research Question/Hypothesis	Methods
(Baseline)	agree on the amount of parent-child communication about attitudes and behavior related to sexual activity?	multivariable regressions
	Is there greater agreement in the exposed condition than in the no exposure condition?	Multivariable regressions
	Is the degree of agreement about parent-child communication between parents and children associated with children's attitudes and beliefs?	
	Do children of parents exposed to PSUNC messages report more parent-child communication than children of parents not exposed to PSUNC messages?	Cross tabulations, multivariable regressions
	Is there evidence of a dose-response effect to PSUNC messages?	Multivariable regressions

As the evaluation questions and hypotheses are addressed, the findings will be summarized and shared with OPA and OPA-identified stakeholders for comment and interpretation. For this study, we expect the findings to be disseminated to a number of audiences. Therefore, the evaluation reports will be written in a way that emphasizes scientific rigor for more technical audiences but are also intuitive, easily understood, and relevant to less technical audiences. The reporting and dissemination mechanism will consist of two primary components: (1) a final evaluation report, and (2) peer-reviewed journal articles. The final evaluation report will be the central focus of dissemination efforts and will be written in clear language that is understandable by a wide range of audiences (parent, practitioners, policy makers, researchers). This evaluation report will include a 10-page summary, a report of less than 100 pages (including an overview of background literature to provide contextual information about the purpose of the campaign and evaluation approach, a detailed summary of evaluation methods and activities; the evaluation results; discussion of findings in comparison with those of other relevant program evaluations; strengths and limitations of the evaluation; and recommendations for future evaluations of this scope for practitioners, evaluators, and policy makers), and appendices. The results of our study also will be used to develop at least one peer-reviewed journal article (e.g., *American Journal of Public Health*, *Perspectives on Sexual and Reproductive Health*, or *Journal of Health Communication*) that summarizes findings on the overall efficacy of the Parents Speak Up National Campaign public service announcements.

The key events and reports to be prepared are listed **Exhibit 9**.

**Exhibit 9. Time Schedule for the Entire Project**

<b>Project Activity</b>	<b>Date*</b>
Develop project plan and schedule	March 2007
Design instruments	April 2007
Pilot test instruments	August 2007
Main study data collection preparation activities	February 2008
Baseline survey	April 2008
Analysis of initial data set	May 2008
Analysis of final data set	July 2008
Submit final report	September 2008
Submit at least one manuscript	September 2008

\*Dates are based on the expected 3-year period of performance.

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The OMB expiration date will be displayed on all data collection instruments.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.

**B. Collection of Information Employing Statistical Methods****1. Respondent Universe and Sampling Methods**

This study will include approximately 760 teens aged 13–14 years of adult parents in the national Knowledge Networks panel. Parents of children aged of 10 and 14 were chosen as the target audience for the campaign and evaluation because focus groups conducted by the media contractor indicated that both parents and teens felt that the teen years were too late for parents to begin communicating with their children about waiting to have sex.

The current Knowledge Networks panel consists of approximately 40,000 adults actively participating in research. The Web-enabled panel tracks closely to the U.S. population in terms of age, race, Hispanic ethnicity, geographical region, employment status, and other demographic elements. The Knowledge Networks panel is recruited through random-digit-dialing (RDD) and is composed of both Internet and non-Internet households. As 1,895 adults will be recruited on the basis of being the parent of a 10- to 14-year-old child and assuming a uniform distribution across the children's ages, we anticipate identifying and recruiting approximately 760 youth age 13 to 14 for this component of the study. In families where more than one child in the household is the appropriate age for recruitment, we will employ a simple random selection process (e.g., identifying the child born whose date of birth for the month in which he or she was born has the lowest value) to determine inclusion. **Exhibit 10** demonstrates the anticipated responses, with a 76% response rate estimated by Knowledge Networks.

**Exhibit 10. Numbers of Teens**

<b>Numbers and Response Rates</b>	<b>Paired with Mother</b>	<b>Paired with Father</b>	<b>Total</b>
Number of subjects to be contacted for children's survey	596	397	993
Expected response rate	76%	76%	
Number of completed children's surveys	453	302	755

**2. Procedures for the Collection of Information**

In partnership with Knowledge Networks, a sample will be selected of approximately 760 teens aged 13 or 14 years who are children of parents, or parent surrogates (e.g., stepmother, grandfather, foster parent, etc.), enrolled in Knowledge Networks. As children will not be exposed to experimental manipulation, allocation to study condition will follow from the parent's assignment so that children of parents in the control condition will be viewed as members of the control condition in the children's study and likewise for children of parents in the intervention condition.

Assuming balance is achieved in terms of random assignment of children's age across experimental conditions, **Exhibit 11** summarizes the expected sample of 13- to 14-year-olds available to be recruited by study condition.

When the efficacy study is assigned to the sampled panel members, they will receive notice in their password-protected e-mail account that the survey is available for completion. Nonrespondents will receive two e-mail reminders from Knowledge Networks requesting their participation in the survey. Copies of the e-mail notifications are in **Appendix G**. Mothers and fathers will be selected separately and screeners (**Appendix B**) will be used to determine study eligibility. The surveys will be self-administered and accessible any time of day for a designated period. Participants can complete the survey only once. Eligible participants include 13- or 14-year-old children of English-speaking parents or parent surrogates who have participated in the PSUNC Parent study. The teen must live at home with this parent to be contacted. Informed consent will be sought from parents for their teen's participation in the Web survey. Assent will be sought from teens for their own participation. Copies of the consent and assent forms are in **Appendix B**. Parents and teens will consent and assent by selecting the appropriate link on the Web screen. Members may leave the panel at any time, and receipt of the Web TV and Internet service is not contingent on completion of the study. Respondents will be able to access a printable screen that will provide toll-free telephone and Web site referrals at any point during the survey by clicking a button in the lower left hand corner of the survey screen (**Appendix B**).

Teens will self-administer a 20-minute questionnaire at home on personal computers. Knowledge Networks bonus point incentive in the amount of 20,000 (equivalent to \$20 cash) will be offered to participants who complete or submit a portion of the survey.

Teens are difficult to engage in a survey about this sensitive topic without the use of a small incentive. The incentive is intended to recognize the time burden placed on them, encourage their cooperation, and to convey appreciation for discussing their attitudes and beliefs on this topic. A detailed description of Knowledge Networks' panel recruitment methodology is in **Appendix H**.

**Exhibit 11. Study Design and Sample**

CONDITION	PAIRED W/ MOTHER	PAIRED W/ FATHER	TOTAL
No Exposure ( $C_0$ )	151	151	<b>302</b>
Core Exposure ( $C_1$ )	151	151	<b>302</b>
Booster Exposure ( $C_2$ )	151	–	<b>151</b>

**3. Methods to Maximize Response Rates and Deal with Nonresponse**

The following procedures were used to maximize cooperation and to achieve the desired high response rates:

- Recruitment through Knowledge Networks for some respondents averaging 70-75% response rate for the web-enabled panel.
- Knowledge Networks bonus point incentive in the amount of 20,000 (equivalent to \$20 cash) will be offered to participants who complete the baseline survey.
- An attempt will be made to locate participants who leave the Knowledge Networks panel before the end of the efficacy study. Location efforts will include mailings of refusal conversion materials designed to persuade participants to complete the study. In addition to using mailed refusal conversion materials, Knowledge Networks will also conduct telephone-based refusal conversion, contacting each attriting participant via telephone.
- Knowledge Networks will provide a toll-free telephone number to all sampled individuals and invite them to call with any questions or concerns about any aspect of the study.
- Knowledge Networks data collection staff will work with RTI project staff to address concerns that may arise.

**4. Tests of Procedures or Methods to be Undertaken**

Knowledge Networks implemented a nine-case pilot test of the survey instrument prior to administration of the children's survey. The purpose of the pilot test was twofold: (1) to assess technical aspects and functionality of the survey instrument and (2) to identify areas of the survey that were either unclear or difficult to understand.

Pilot test data collection was conducted during September and October 2007. Eligible participants came from a convenience sample of Knowledge Networks panel members of parents or parent surrogates (e.g., stepmother, grandfather, foster parent, etc.) of children aged 13 and 14. This national panel of teens self-administered the baseline Web survey at home on personal computers. Knowledge Networks invited a total of 9 panelists to participate in the pilot test and received 9 completed questionnaires. Parents selected for the study received an e-mail message from Knowledge Networks alerting them that they had a survey assignment. Nonrespondents received two e-mail reminders from Knowledge Networks requesting their participation in the survey. Participants were administered the core efficacy study survey instrument, including questions regarding parent-child communication, attitudes and beliefs, perceptions of child sexual activity, parental involvement and monitoring, and demographics.

Analyses of the pilot test data indicated there were no significant technical problems with the survey instrument. No questions had unexplained missing data, there were no outlier values, all response options were labeled correctly, and all skip patterns appeared to function correctly. Our findings suggest that there were no logic or nonresponse problems with the survey, respondents were routed appropriately through the survey based on answers given to each question, and the data were accurately recorded. We also separately analyzed each question that included options for verbatim responses as a check for whether the specified list of response options in the survey adequately covered all of the potential responses that a participant could give. Analysis of verbatim response data indicated that verbatim response were generally not necessary as participants provided responses already available in the pre-coded list specified in the survey.

Based on the findings of the pilot test, the survey appears to function as intended and is not overly burdensome, sensitive, or difficult to understand. Therefore, no substantive revisions were made to the survey instrument as a result of pilot testing.

## 5. **Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

The **agency official** responsible for receiving and approving contract deliverables is:

Leslie Raneri

240-453-2813

[Leslie.Raneri@hhs.gov](mailto:Leslie.Raneri@hhs.gov)

Office of Population Affairs/DHHS

1101 Wotton Parkway, Suite 700

Rockville, MD 20852

The person who **designed** the data collection is:

W. Douglas Evans, Ph.D.

202-728-2058

[devans@rti.org](mailto:devans@rti.org)

RTI International

701 13th Street NW, Suite 750

Washington, DC 20015

The person who will **collect** the data is:

J. Michael Dennis, Ph.D.

650-289-2000

[mdennis@knowledgenetworks.com](mailto:mdennis@knowledgenetworks.com)

Knowledge Networks, Inc.

1350 Willow Road, Suite 102

Menlo Park, CA 94025

The person who will **analyze** the data is:

Jeremy Aldworth, Ph.D.

919-541-6626

[jaldworth@rti.org](mailto:jaldworth@rti.org)

RTI International

3040 Cornwallis Road

Research Triangle Park, NC 27709

## **Appendix A**

### **Public Law 108-447/ HR 4818-326, Consolidated Appropriations Act, 2005**

## PL 108-447/ H. R. 4818—326

## CHILDREN AND FAMILIES SERVICES PROGRAMS

For carrying out, except as otherwise provided, the Runaway and Homeless Youth Act, the Developmental Disabilities Assistance and Bill of Rights Act, the Head Start Act, the Child Abuse Prevention and Treatment Act, sections 310 and 316 of the Family Violence Prevention and Services Act, as amended, the Native American Programs Act of 1974, title II of Public Law 95-266 (adoption opportunities), the Adoption and Safe Families Act of 1997 (Public Law 105-89), sections 1201 and 1211 of the Children's Health Act of 2000, the Abandoned Infants Assistance Act of 1988, sections 261 and 291 of the Help America Vote Act of 2002, the Early Learning Opportunities Act, part B(1) of title IV and sections 413, 429A, 1110, and 1115 of the Social Security Act, and sections 40155, 40211, and 40241 of Public Law 103-322; for making payments under the Community Services Block Grant Act, sections 439(h), 473A, and 477(i) of the Social Security Act, and title IV of Public Law 105-285, and for necessary administrative expenses to carry out said Acts and titles I, IV, V, X, XI, XIV, XVI, and XX of the Social Security Act, the Act of July 5, 1960 (24 U.S.C. ch. 9), the Omnibus Budget Reconciliation Act of 1981, title IV of the Immigration and Nationality Act, section 501 of the Refugee Education Assistance Act of 1980, sections 40155, 40211, and 40241 of Public Law 103-322, and section 126 and titles IV and V of Public Law 100-485, \$9,069,853,000, of which \$32,103,000, to remain available until September 30, 2006, shall be for grants to States for adoption incentive payments, as authorized by section 473A of title IV of the Social Security Act (42 U.S.C. 670-679) and may be made for adoptions completed before September 30, 2005: *Provided further*, That \$6,898,580,000 shall be for making payments under the Head Start Act, of which \$1,400,000,000 shall become available October 1, 2005 and remain available through September 30, 2006: *Provided further*, That \$732,385,000 shall be for making payments under the Community Services Block Grant Act: *Provided further*, That not less than \$7,300,000 shall be for section 680(3)(B) of the Community Services Block Grant Act, *Provided further*, **That within amounts provided herein for abstinence education for adolescents, up to \$10,000,000 may be available for a national abstinence education campaign:** *Provided further*, That in addition to amounts provided herein, \$6,000,000 shall be available from amounts available under section 241 of the Public Health Service Act to carry out the provisions of section 1110 of the Social Security Act: *Provided further*, That to the extent Community Services Block Grant funds are distributed as grant funds by a State to an eligible entity as provided under the Act, and have not been expended by such entity, they shall remain with such entity for carryover into the next fiscal year for expenditure by such entity consistent with program purposes: *Provided further*, That the Secretary shall establish procedures regarding the disposition of intangible property which permits grant funds, or intangible assets acquired with funds authorized under section 680 of the Community Services Block Grant Act, as amended, to become the sole property of such grantees after a period of not more than 12 years after the end of the grant for purposes and uses consistent with the original grant: *Provided further*, That funds appropriated for section 680(a)(2) of the Community Services Block Grant Act, as amended, shall be available for financing construction and rehabilitation and loans or investments in private business enterprises owned by community development corporations: *Provided further*, That \$55,000,000 is for a compassion capital fund to provide grants to charitable organizations to emulate model social service programs and to encourage research on the best practices of social service organizations: *Provided further*, That \$15,000,000 shall be for activities authorized by the Help America Vote Act of 2002, of which \$10,000,000 shall be



for payments to States to promote access for voters with disabilities, and of which \$5,000,000 shall be for payments to States for protection and advocacy systems for voters with disabilities: *Provided further*, That \$100,000,000 shall be for making competitive grants to provide abstinence education (as defined by section 510(b)(2) of the Social Security Act) to adolescents, and for Federal costs of administering the grant: *Provided further*, That grants under the immediately preceding proviso shall be made only to public and private entities which agree that, with respect to an adolescent to whom the entities provide abstinence education under such grant, the entities will not provide to that adolescent any other education regarding sexual conduct, except that, in the case of an entity expressly required by law to provide health information or services the adolescent shall not be precluded from seeking health information or services from the entity in a different setting than the setting in which abstinence education was provided: *Provided further*, That in addition to amounts provided herein for abstinence education for adolescents, \$4,500,000 shall be available from amounts available under section 241 of the Public Health Services Act to carry out evaluations (including longitudinal evaluations) of adolescent pregnancy prevention approaches: *Provided further*, That \$2,000,000 shall be for improving the Public Assistance Reporting Information System, including grants to States to support data collection for a study of the system's effectiveness.

## **Appendix B**

### **Efficacy Evaluation Data Collection Materials**

## Parent Screeners

## Screener for Adult Female

RTI International, a not-for-profit research organization in North Carolina, is conducting a study about family communication for the Office of Population Affairs (OPA), and we need to identify individuals eligible for the study. Because of your current participation as a Knowledge Networks panel member and your teen's age, we would like to obtain information about your teen's attitudes and beliefs about family communication. The questionnaire will take your teen about 20 minutes to complete. The survey questions ask about things like your teen's communication and relationships with parents and attitudes and beliefs about sexual activity among teens. Teens do not have to be sexually active to participate in this survey. Your teen's participation in the survey is voluntary. Your teen's survey responses will be kept confidential. Your teen's survey answers will not be shared with anyone outside the research study, including yourself.

### Are you at least eighteen?

1. Yes
2. No {INELIGIBLE}

### Are you the mother or like a mother to a child who lives in your house? By mother we mean biological, step-, foster, or adoptive mother or legal guardian.

1. Yes
2. No {INELIGIBLE}

### How many people 13 or 14 years of age (*lived/will live*) in your house for most of the time during the months of (*CURRENT QUARTER*)? (Do not include anyone who (*lived/will live*) somewhere else for most of the time during the months of (*CURRENT QUARTER*)).

Number in household: \_\_\_\_ [RANGE 1-25]

98. Zero {INELIGIBLE}
- {ELSE COMPLETE TABLE 1}

TABLE 1: ALL PERSONS 13 OR 14 LIVING IN HOUSEHOLD						
PERSON	AGE*		SEX		FIRST NAME	RELATIONSHIP {ALLOW BIOLOGICAL SON OR DAUGHTER, STEP-SON OR STEP DAUGHTER, ADOPTIVE SON OR ADOPTIVE DAUGHTER, FOSTER SON OR FOSTER DAUGHTER, OR WARD, ETC.}
	13	14	BOY	GIRL		
1						
2						
3						
4						
5						
6						

\*IF DON'T KNOW EXACT AGE BUT IT IS 13 OR 14: X ALL AGES FOR THAT PERSON.

IF TWO OR MORE TEENS, SELECT RANDOMLY. CONFIRM THAT THIS PERSON IS THE MOTHER (OR LIKE A MOTHER) OF THE SELECTED CHILD

**Are you the mother or like a mother to {CHILD'S FIRST NAME}?**

1. Yes {ELIGIBLE}
  2. No {RESELECT/REPEAT}
- NO CHILDREN TO SELECT {INELIGIBLE}

### **ELIGIBLE**

**Thank you very much. Your teen is eligible to participate in our survey about family communication. Please click the button below to continue to the study permission form.**

{GO TO THE PERMISSION FORM}

### **INELIGIBLE**

**I'm sorry, but we're only surveying teens aged 13 to 14 who live in the same home with their parent. Thank you very much for your time. {TERMINATE}**

## Screener for Adult Male

RTI International, a not-for-profit research organization in North Carolina, is conducting a study about family communication for the Office of Population Affairs (OPA), and we need to identify individuals eligible for the study. Because of your current participation as a Knowledge Networks panel member and your teen's age, we would like to obtain information about your teen's attitudes and beliefs toward family communication. The questionnaire will take your teen about 20 minutes to complete. The survey questions ask about things like your teen's communication and relationships with parents and attitudes and beliefs about sexual activity among teens. Teens do not have to be sexually active to participate in this survey. Your teen's participation in the study is voluntary. Your teen's survey responses will be kept confidential. Your teen's survey answers will not be shared with anyone outside the research study, including yourself.

### Are you at least eighteen?

1. Yes
2. No {INELIGIBLE}

### Are you the father or like a father to a child who lives in your house? By father we mean biological, step-, foster, or adoptive father or legal guardian.

1. Yes
2. No {INELIGIBLE}

### How many people 13 or 14 years of age (*lived/will live*) in your house for most of the time during the months of (*CURRENT QUARTER*)? (Do not include anyone who (*lived/will live*) somewhere else for most of the time during the months of (*CURRENT QUARTER*).)

Number in household: \_\_\_\_ [RANGE 1-25]

98. Zero {INELIGIBLE}  
{ELSE COMPLETE TABLE 1}

TABLE 1: ALL PERSONS 13 OR 14 LIVING IN HOUSEHOLD					
PERSON	AGE*		SEX		RELATIONSHIP {ALLOW BIOLOGICAL SON OR DAUGHTER, STEP-SON OR STEP DAUGHTER, ADOPTIVE SON OR ADOPTIVE DAUGHTER, FOSTER SON OR FOSTER DAUGHTER, OR WARD, ETC.}
	13	14	BOY	GIRL	
1					
2					
3					
4					
5					
6					

\*IF DON'T KNOW EXACT AGE BUT IT IS 13 OR 14: X ALL AGES FOR THAT PERSON.

IF TWO OR MORE TEENS, SELECT RANDOMLY. CONFIRM THAT THIS PERSON IS THE MOTHER (OR LIKE A MOTHER) OF THE SELECTED CHILD

**Are you the father or like a father to {CHILD'S FIRST NAME}?**

1. Yes {ELIGIBLE}
  2. No {RESELECT/REPEAT}
- NO CHILDREN TO SELECT {INELIGIBLE}

### **ELIGIBLE**

**Thank you very much. Your teen is eligible to participate in our study about family communication. Please click the button below to continue to the study permission form.**

{GO TO THE PERMISSION FORM}

### **INELIGIBLE**

**I'm sorry, but we're only surveying teens aged 13 to 14 who live in the same home with their parent. Thank you very much for your time. {TERMINATE}**

## Parental Consent Form





## Parental Permission Form

**Title of Research:** Study About Family Communication

### Introduction

We are inviting your teen to be part of a research study. Your teen was selected because of (1) your participation in a previous study and (2) his or her age. Before you decide whether you want your teen to take part in this study, you need to read this form so that you understand what the study is about and what your teen will be asked to do. This form also tells you who can be in the study, the risks and benefits of the study, how we will protect your teen's information, and who you can call if you have questions. Please call Dr. Doug Evans, the researcher responsible for this study, at 1-800-334-8571 ext. 22058 (a toll-free number) about anything you don't understand before you make your decision.

### Purpose

This study about family communication, paid for by the Office of Population Affairs (OPA), Department of Health and Human Services (DHHS), is being conducted by RTI International, a research organization located in North Carolina, and its subcontractor, Knowledge Networks, located in California. We are conducting the study with 760 teens. The purpose of this national study is to learn about teens' attitudes, beliefs, and communication with their parents regarding sex.

### Procedures

If you agree to let your teen participate, he or she will be asked to complete a Web questionnaire at home on a personal computer. Your teen should complete the questionnaire in a private setting.

Your teen will be asked questions about things like attitudes and beliefs regarding teen sex and family communication about this topic. Your teen doesn't have to be sexually active to take the survey. All of the questions are multiple choice. There are no right or wrong answers. Your teen can skip any question he or she does not wish to answer. Your teen's participation is entirely voluntary, and he or she can stop at anytime.

### Study Duration

Participating in the survey will take about 20 minutes of your teen's time.

### Possible Risks or Discomforts

Participating in the survey will pose little risk to your teen. Because of the sensitive and personal nature of some of the questions, it is possible that some of the survey questions may make your teen uncomfortable or upset. Your teen will be provided with referral sources if he or she has any questions or feelings to discuss during or after the survey. Your teen can refuse to answer any question and may take a

break at any time during the survey. There is a risk that your teen's answers to the questionnaire could be seen by someone other than the project staff, but we promise to do our best to keep this from happening. It is also possible that a family member could view your teen's questionnaire answers on their personal computer while the survey is in progress, on another personal computer, or through Internet monitoring software, which could create family problems. In addition to the risks and discomforts listed here, there may be uncommon or previously unknown risks. You should report any problems to Dr. Evans at 1-800-334-8571, ext. 22058 (a toll-free number).

## **Benefits**

### **Your Benefits**

There are no direct benefits to your teen from participating in this survey.

### **Benefits for Other People**

We hope that this research will help us learn more about family communication.

## **Payment for Participation**

Your teen will receive a 20,000 Knowledge Networks bonus point incentive (equivalent to \$20 cash) for completing the questionnaire or for trying any part of the questionnaire.

## **Confidentiality**

All of the questionnaire answers are confidential. Parents will not have access to this information. Your teen's name will be replaced with a number for the purposes of this study. Information collected about your teen will be treated confidentially. Personal information like your teen's address and telephone number will be stored by Knowledge Networks separately from the answers he or she provides on the questionnaire. Your teen's name, address, and phone number will not be shared with RTI. After all surveys are completed, a summary will be written that contains information from all participants, but no names. The staff conducting this survey will not use your teen's name in the report and will keep your teen's answers private.

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who are responsible for assuring that the rights of participants in research are protected. The IRB may review the records of your teen's participation in this research to assure that proper procedures were followed. A representative of the IRB may contact you for information about your teen's experience with this research. If you wish, you may refuse to answer any questions this person may ask. In addition, all project staff have signed confidentiality agreements.

To help us protect your teen's privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. This certificate means that researchers cannot be forced to disclose information that may identify your teen, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. You should understand that a Certificate of Confidentiality does not prevent your teen or a member of your teen's family from voluntarily releasing information about him or herself or his/her involvement in this research. If an insurer, employer, or other person obtains your teen's written consent to receive research information, then the researchers may not use the Certificate to withhold that information. This Certificate also does not protect information

voluntarily given out by your teen or the researcher. For example, if the study staff learn that your teen's or another person's life or health is in danger, they are required to inform the proper authorities.

### **Future Contacts**

We will not contact you or your teen in the future about this study. Your teen may be contacted about participation in other Knowledge Networks studies.

### **Your Rights**

Your decision for your teen to take part in this research study is completely voluntary. In order for your teen to complete the questionnaire, BOTH you and your teen must agree to participate. You do not have to agree to allow your teen to take the survey. Your teen will also be asked if he or she is willing to voluntarily participate in the study. *Even if you give permission*, your teen may decline to participate at any time. If your teen does participate in the study, he or she can skip any questions. If your teen feels like the questionnaire is taking too long, gets tired, or if for any other reason he or she wants to stop, they may do so at any time. If your teen decides to participate and later changes his or her mind, you and your teen will not be contacted again or asked for further information.

### **Your Questions**

If you have any questions about this study, you may call Dr. Doug Evans at RTI at 1-800-334-8571, ext. 22058 (a toll-free number). If you have any questions about your teen's rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). If you have any questions about Knowledge Networks, you may call 1-800-782-6899 (a toll-free number).

---

**PLEASE PRINT A COPY OF THIS FORM TO KEEP.**

---

Selecting the permission for my teen to participate link below indicates that you have read the information provided above, have received answers to your questions, and have freely decided to allow your teen to participate in this research. By agreeing to participate in this research, your teen is not giving up any of his or her legal rights.

Please select the appropriate link below.

**[I give permission for my teen to participate in the survey](#)**

**[I DO NOT give permission for my teen to participate in the survey](#)**

## Teen Assent Forms



## Teen Assent Form (Existing Knowledge Networks Panel Member)

**Title of Research:** Study About Family Communication

### Introduction

You are being asked to take part in a research study. You were selected because your parent was in a previous study, because you are a Knowledge Networks panel member, and because of your age. Your parent has agreed to let you take part in this study. Before you decide whether you want to take part, you need to read this form. This form will explain what the study is about and what you will be asked to do. This form also tells you who can be in the study and the risks and benefits of the study. This form also tells you how we will protect your privacy and who you can call if you have questions. If there is anything you don't understand before you make your decision, please call Dr. Doug Evans. He is the researcher who leads this study. His toll-free number is 1-800-334-8571, ext. 22058.

### Purpose

This study about family communication is paid for by the Office of Population Affairs (OPA). This is a part of the Department of Health and Human Services (DHHS). This study is being done by RTI International. RTI International is a research organization located in North Carolina. RTI is working with Knowledge Networks, located in California. We are doing the study with 760 teens. The purpose of this national study is to learn about teens' sexual attitudes and beliefs. We also want to learn about teens' communication with their parents about sex.

### Procedures

If you agree to participate, you will be asked to complete a Web survey. You will complete this at home on a personal computer. You should complete the survey in one session in a private place. If anyone comes into the room while you are taking the survey, press the save button and then the log off button on the screen. This will save your answers and let you log on again when you are alone.

The survey questions ask about things like your attitudes and beliefs regarding teen sex. The questions will also ask about family communication on this topic. You do not have to be sexually active to be in the study. All of the questions are multiple choice. There are no right or wrong answers. You can skip any question you do not wish to answer. Your participation is entirely your choice. You can stop at any time.

### Study Duration

Taking the Web survey will take about 20 minutes of your time.

## **Possible Risks or Discomforts**

Taking the survey will pose little risk to you. There is a chance that some of the survey questions may make you uncomfortable or upset. You will be provided with resources if you have any questions or feelings to discuss during or after the survey. You can refuse to answer any question. You may take a break at any time during the survey. There is a risk that your answers to the survey could be seen by someone other than the project staff. We promise to do our best to keep this from happening. It is also possible that a family member could view your survey answers on your personal computer. This could happen during the survey, on another personal computer, or through Internet monitoring software. This could create family problems. In addition to the risks and discomforts listed here, there may be rare or previously unknown risks. You should report any problems to Dr. Evans at 1-800-334-8571, ext. 22058 (a toll-free number).

## **Benefits**

### **Your Benefits**

There are no direct benefits to you from taking this survey.

### **Benefits for Other People**

We hope that this research will help us learn more about family communication.

## **Payment for Participation**

You will receive a 20,000 Knowledge Networks bonus point payment after you complete the survey. This is equal to \$20 cash. If you try any part of the survey, you will receive this.

## **Confidentiality**

All the survey answers are confidential. Your answers will not be shared with your parents. Your name will be replaced with a number for the purposes of this study. Information collected about you will be treated confidentially. Personal information like your address and telephone number will be stored by Knowledge Networks. This will be kept separate from the answers you provide on the survey. Your name, address, and phone number will not be shared with RTI. After all surveys are completed, a summary will be written. This will contain information from all participants. This will not include names. The staff conducting this study will not use your name in the report. They will keep your answers private.

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who are responsible for making sure that the rights of participants in research are protected. The IRB may review the records of your participation in this research. This is to make sure that proper procedures were followed. A representative of the IRB may contact you for information about your experience with this research. If you wish, you may refuse to answer any questions this person may ask. In addition, all project staff have signed confidentiality agreements.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. This certificate means that researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. This Certificate also does not protect information voluntarily given out by you or the researcher. For example, if the study staff learns that your or another person's life or health is in danger, they are required to inform the proper authorities.

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If you have any questions about the study, you may call Dr. Doug Evans at RTI at 1-800-334-8571, ext. 22058 (a toll-free number). If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). If you have any questions about Knowledge Networks, you may call 1-800-782-6899 (a toll-free number).

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**PLEASE PRINT A COPY OF THIS FORM TO KEEP.**

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Selecting the agree to take the survey link below indicates that you have read the information above, have gotten your questions answered, and have freely decided to take this survey. By agreeing to take part in this research, you are not giving up any of your legal rights.

Please select the appropriate link below.

**I agree to take the survey**

**{BUTTON TO WEB SURVEY}**

**I DO NOT agree to take the survey**



## Teen Assent Form (Non-Panel Member)

**Title of Research:** Study About Family Communication

### Introduction

You are being asked to take part in a research study. You were selected because your parent was in a previous study and because of your age. Your parent has agreed to let you take part in this study. Before you decide whether you want to take part, you need to read this form. This form will explain what the study is about and what you will be asked to do. This form also tells you who can be in the study and the risks and benefits of the study. This form also tells you how we will protect your privacy and who you can call if you have questions. If there is anything you don't understand before you make your decision, please call Dr. Doug Evans. He is the researcher who leads this study. His toll-free number is 1-800-334-8571, ext. 22058.

### Purpose

This study about family communication is paid for by the Office of Population Affairs (OPA). This is a part of the Department of Health and Human Services (DHHS). This study is being done by RTI International. RTI International is a research organization located in North Carolina. RTI is working with Knowledge Networks, located in California. We are doing the study with 760 teens. The purpose of this national study is to learn about teens' sexual attitudes and beliefs. We also want to learn about teens' communication with their parents about sex.

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To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. This certificate means that researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. This Certificate also does not protect information voluntarily given out by you or the researcher. For example, if the study staff learns that your or another person's life or health is in danger, they are required to inform the proper authorities.

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Please select the appropriate link below.

**I agree to take the survey**

**{BUTTON TO WEB SURVEY}**

**I DO NOT agree to take the survey**

**Self-Administered Web Survey**

**Parents Speak Up National Campaign  
Children's Survey**

**Web screen:**

**[NOTE: Assent form will precede the questions below, and contains introductory text about purpose of the survey, as well as providing information for informed assent.]**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ----. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions and complete the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to:

OMB NO.:	U.S. Department of Health & Human Services; OS/OCIO/PRA;
EXPIRATION DATE:	200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201; Attention: PRA Reports Clearance Officer

**Q1. Let's begin the survey now. Once again, your answers will be kept private, and your name will be replaced with an ID number to protect your privacy. If anyone comes into the room while you are taking the survey, press the save button and then the log off button on the screen. This will save your answers and allow you to log on again when you are alone.**

**Before we start, are you the only one who can see the questions and your answers?**

1. Yes
2. No (GO TO EXIT SCREEN TO ALLOW {CHILD} TO CONTINUE ANOTHER TIME)
99. SKIPPED

**We will be asking you questions about you and one of your parents, and how you communicate. In the rest of this survey, we will be referring only to your {PARENT}, PARENT NAME, when we ask you these questions.**

**A. MEDIA EXPOSURE**

The first questions are about TV and other media you may use.

**Q2. Which of the following do you have in your bedroom?**

Yes No SKIPPED

1. Television
2. Cable TV connection
3. Computer
4. Internet connection
5. CD player/stereo
6. iPod
7. Video games
8. Other media (specify)\_\_\_\_\_

**Q3. During the past 7 days, on average, how many hours a day did you:**

*ENTER TIME TO NEAREST HALF-HOUR*

1. Watch TV \_\_\_\_\_?
2. Listen to the radio \_\_\_\_\_?
3. Browse or surf the Internet \_\_\_\_\_?
4. Read magazines \_\_\_\_\_?

**Q4.** Have you ever visited the website [www.4parents.gov](http://www.4parents.gov)?

1. Yes (CONTINUE WITH Q5)
2. No (SKIP TO Q6)
8. Don't know (SKIP TO Q6)
99. SKIPPED

**Q5. Please indicate which of the following actions you took when you visited the [www.4parents.gov](http://www.4parents.gov) website (Check all that apply)**

**[NOTE: WEBSITE IS CURRENTLY BEING REVISED BY OFFICE OF POPULATION AFFAIRS. CATEGORIES BELOW WILL BE REVISED TO MATCH TEEN-ORIENTED PAGES ON THE SITE WHEN IT IS COMPLETED.]**

YES NO SKIPPED

1. Read the overview information on the home page of the site
2. Visited the "The Basic Facts" section that provide information about puberty, reproductive health and pregnancy, and risky
3. Visited the "Talking with Your Pre-Teen or Teen about Waiting" section that discuss how to have a good relationship with your child and why and how to talk with your teen about waiting to have sex

4. Visited the “What Every Parent Needs to Know” section that provide information and conversation starters on what parents should know when communicating with their child about sex
5. Visited the “WISE way to Raise Kids” page that discuss how to initiate conversations with your child
6. Visited the “Power of Parents” page that discusses the influence of parents in the decisions of their children
7. Looked at or downloaded the Parents Speak Up or Teen Chat booklets

## **B. RELIGIOSITY**

**These questions are about the role that religious beliefs may play in your life. For questions 6 and 7, please indicate whether you strongly disagree, disagree, agree, or strongly agree.**

**Q6. Your religious beliefs are a very important part of your life.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. SKIPPED

**Q7. Your religious beliefs influence how you make decisions in your life.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. SKIPPED

**Q8. In the past 12 months, how often have you attended a worship service like a church or synagogue service, or a service at a mosque?**

1. Never
2. Once or twice
3. Less than once a month
4. About once a month
5. About twice a month
6. About once a week
7. Several times a week
8. Everyday

### C. RELATIONSHIP WITH YOUR PARENT

The next questions are about your relationship with {PARENT}.

**Q9. In the past 30 days, how many times have you done the following things with {PARENT}? If you're not sure, choose an answer that comes closest to what you think might be true for each activity.**

	At least once a week	At least once a month	Less often	Never	SKIPPED
a. Gone shopping					
b. Gone to a movie, sport event, concert, play, or museum					
c. Watched an entire television show together					

**Q10. For the following list of activities, indicate whether this is something you and {PARENT} do together at least once a week, at least once a month, less often, or never. How often do you. . .**

	At least once a week	At least once a month	Less often	Never	SKIPPED
a. Go to religious services or other religious activities together	1	2	3	4	99
b. Do homework or school projects when school is in session	1	2	3	4	99
c. Attend a party or a family gathering together	1	2	3	4	99
d. Do volunteer work together to help other people or improve your neighborhood	1	2	3	4	99
e. Play a game or sport together	1	2	3	4	99

**Q11. How often would it be true for you to make each of the following statements about {PARENT}?**

	Always	Often	Sometimes	Seldom	Never	SKIPPED
a. You get along well with him/her	1	2	3	4	5	99
b. {PARENT} and you make decisions about your life together	1	2	3	4	5	99
c. You just do not understand him/her	1	2	3	4	5	99
d. You feel you can really trust him/her						
e. He/she interferes with your activities	1	2	3	4	5	99

**Q12. How do you think you and {PARENT} communicate with each other?**

**a. When you ask {PARENT} questions, you get honest answers from {him/her}.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

**b. {PARENT} helps you to understand yourself better.**

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

**Q13. During the past 12 months, how many times have you argued or had a fight with {PARENT}?**

- 1 0 times
- 2 1 or 2 times
- 3 3 to 5 times
- 4 6 to 9 times
- 5 10 or more times
- 99 SKIPPED



**D. FRIENDS AND OTHERS YOUR AGE**

**Q14. Do you think young people your age that are sexually active have more friends?**

1. Definitely not
2. Probably not
3. Probably yes
4. Definitely yes
99. SKIPPED

**Q15. How many of your four closest friends are sexually active?**

1. None (SKIP TO Q17)
2. 1
3. 2
4. 3
5. 4
99. SKIPPED

**Q16. How many of your four closest friends are sexually involved with more than one person?**

1. None of them
2. 1
3. 2
4. 3
5. 4
99. SKIPPED

**E. EXPOSURE TO OTHER PREVENTION EFFORTS**

**Q17. In the past 12 months, have you seen or heard about any programs or activities in your school aimed at helping children delay sexual activity?**

1. Yes
2. No
98. DON'T KNOW
99. REFUSED

**Q18. In the past 12 months, have you seen or heard about any programs or activities in your community aimed at helping children delay sexual activity? (NOTE: Community means the neighborhood and nearby areas in which you live)**

1. Yes
2. No
98. DON'T KNOW
99. REFUSED

**F. ATTITUDES, BELIEFS AND PERCEPTIONS**

**The next questions ask about your opinions about sexual activity and teens. For each of the following, please indicate how much you agree or disagree with the statement:**

**Q19. Sexual activity is likely to have harmful psychological effects for teens.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly Disagree
99. SKIPPED

**Q20. Sexual activity is likely to have harmful physical effects for teens.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly Disagree
- 99 SKIPPED

**Q21. When it comes to your decisions about sex, who is most influential?**

1. Parents
2. Morals, values, and/or religious beliefs
3. Friends
4. The media
5. Teachers and sex educators
6. Worries about pregnancy
7. Worries about sexually transmitted diseases (STDs)
99. SKIPPED

**Q22. Waiting to have sex is the most effective way to prevent health risks like unwanted pregnancy or HIV/sexually transmitted diseases (STDs). Do you. . .**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. SKIPPED

**Q23. It would be much easier for teens to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
- 99 SKIPPED

**The next questions are about certain topics you may discuss with {PARENT}. Please indicate how sure or unsure you are about this statement.**

**Q24. What are your expectations about talking with {PARENT}? If you talk early and often with {PARENT} about sexual topics (such as waiting to be sexually active until you are older). . . .**

**a. . . .you will be less likely to be sexually active as a young teen. Do you. . . .**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
- 99 SKIPPED

**b. . . . you will not listen to what {PARENT} says.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
- 99 SKIPPED

**c. . . you will not think {PARENT} is judgmental.**

1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
- 99 SKIPPED

**d. . . {PARENT} will be a hypocrite.**

1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
- 99 SKIPPED

**e. . . you would understand the benefits of waiting to become sexually active.**

1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
- 99 SKIPPED

**f. . . you would rebel and want to engage in sexual activity even more. Do you. . .**

1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
- 99 SKIPPED

**How much do you agree or disagree with each of the following statements?**

**Q25. It is easy for you to find time to talk with {PARENT} about sexual activity and waiting to have sex.**

1. Strongly agree
  2. Agree
  3. Disagree
  4. Strongly disagree
- 99 SKIPPED

**Q26. It would be difficult for you to explain your feelings if you talked with {PARENT} about sexual activity or waiting to have sex.**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. SKIPPED

**Q27. How often has {PARENT} initiated conversations with you about sexual activity or waiting to have sex?**

1. Often
2. Sometimes
3. Seldom
4. Never
99. SKIPPED

**Q28. {PARENT} disapproves of you being sexually active as a teenager. Do you...**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
- 99 SKIPPED

**Q29. How often do you and {PARENT} talk about media messages and images that promote or glamorize teen sexual activity?**

- 1 Every Day
- 2 Weekly
- 3 Monthly
- 4 Every few months
- 5 Never
- 99 SKIPPED

## **G. YOUR SELF IMAGE AND BEHAVIOR**

**Now there are a few questions about you. How much do you agree or disagree with the following statements?**

**Q30. I like to take risks.**

Would you say you...

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion
9. Refused

**Q31. I would like to explore strange places.**

Would you say you...

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion
9. Refused

**Q32. I like to do frightening things.**

Would you say you...

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion
9. Refused

**Q33. I like new and exciting experiences, even if I have to break the rules.**

Would you say you...

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion
9. Refused

**Q34. I prefer friends who are exciting and unpredictable.**

Would you say you...

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion
9. Refused

**Q35. How advanced is your physical development compared with other boys/girls your age?**

1. I look younger than most
2. I look younger than some
3. I look about average
4. I look older than some
5. I look older than most
99. SKIPPED

**Q36. How much do you agree or disagree with this statement?**

**You show physical signs of puberty, such as changing voice [for boys]/beginning of menstrual cycle [for girls].**

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. Skipped

**H. PARENTAL AND FAMILY INFLUENCES****Q37. How much has {PARENT} talked to you about being sexually active?**

1. A great deal
2. A moderate amount
3. Somewhat
4. Not at all (SKIP TO Q39)
- 99 SKIPPED

**Q38. How much have you and {PARENT} talked about your being sexually active and. . .**

	A great deal	A moderate amount	Somewhat	Not at all	SKIPPED
a. The biology of sex and pregnancy	1	2	3	4	99
b. Issues about dating and relationships	1	2	3	4	99
c. Whether to wait to be sexually active until you are married	1	2	3	4	99
d. The negative or bad things that would happen if (he got someone/she got) pregnant?	1	2	3	4	99
e. The dangers of getting a sexually transmitted disease?	1	2	3	4	99
f. The negative or bad impact on (his/her) social life because (he/she) would lose the respect of others?	1	2	3	4	99
g. The moral issues of not having sexual intercourse?	1	2	3	4	99

**Q39. Has {PARENT} asked (recommended) that you wait to have sex?**

1. Yes
2. No
- 99 SKIPPED



**I. SOCIAL NETWORKING**

**Q40. Do you have a profile on any of the following Web sites?**

1. MySpace – broadest across all ages
2. Facebook – college
3. Friendster – adult
4. Xanga – younger teens (supposed to be 13 or older to open an account)
5. Bebo – not sure
6. Other, please specify: \_\_\_\_\_
7. No (SKIP to Q45)
99. SKIPPED

**Q41. Have you made your profile private using options on the Web site(s) so that only other people you approve as "friends" can see your profile and leave comments?**

1. Yes
2. No
3. Don't Know
99. SKIPPED

**Q42. How often have you visited this (these) Web site(s) in the past 30 days?**

1. Every day
2. A few times per week
3. Once per week
4. Less than once per week
5. Haven't visited in past 30 days (SKIP to Q45)
99. SKIPPED

**Q43. When you visited this (these) site(s) in the past 30 days, how often did you talk about sex with your friends?**

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never (SKIP TO Q45)
99. SKIPPED

**Q44. When you talked about sex on this (these) site(s), what topics did you talk about? Please respond in a just few words here: \_\_\_\_\_**

**J. MODERATOR VARIABLES**

**There are just a few more questions. They are about your background.**

**Q45. Are you Hispanic or Latino?**

- 1 Yes
- 2 No (SKIP TO Q47)
- 99 SKIPPED

**Q46. How would you describe your Hispanic origin or descent?**

- 1. Mexican
- 2. Puerto Rican
- 3. Cuban
- 4. Central American
- 5. South American
- 6. Other [specify]\_\_\_\_\_
- 99. SKIPPED

**Q47. How do you describe yourself? You can choose more than one of the following categories.**

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White
- 6. Other (specify):\_\_\_\_\_
- 99. SKIPPED

**Q48. (ASK ONLY IF MORE THAN ONE ANSWER SELECTED FOR Q47): Which one of these groups best describes you? Choose only one of the following.**

(PRESENT ONLY OPTIONS MENTIONED IN Q47)

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White
- 6. Other, specify \_\_\_\_\_
- 99. SKIPPED

**Q49. [IF Q45=1 (HISPANIC):] How much do you watch Spanish and English television?  
Would you say...**

1. Only Spanish
2. Spanish more than English
3. Spanish and English equally
4. English more than Spanish
5. English only
99. SKIPPED

**Thank you for completing this survey!**

## Hotline and Web Site Resources for Teens

## Hotline and Web Site Resources for Teens

Here are some hotlines and Web sites you may want to use if you have questions or feelings you want to discuss during or after you take the survey.

### NATIONAL

- **teenwire.com**  
<http://www.teenwire.com/>

teenwire.com is an award-winning Planned Parenthood Federation of America Web site. Teens can find correct information about sexual health and relationships. teenwire.com is staffed by professionals. We help teens receive the facts about sex in order to make responsible choices. We provide honest information about sexuality in language you can understand. We will not judge you. We hope that you will use this knowledge to protect yourself in sexual situations. You will also find information about self-esteem, body image, drugs and alcohol, and relationships. Important information is also available in Spanish through the "En Español" section of the site.

- **Girls and Boys Town Hotline, 1-800-448-3000**  
<http://www.girlsandboystown.org/hotline/index.asp>

The Girls and Boys Town National Hotline is a 24-hour crisis, resource, and referral line. Trained counselors can respond to your questions. We can talk with you every day of the week, 365 days a year. We can help teens and parents with suicide prevention, depression, and school issues. We can help teens and parents with parenting troubles, runaways, and relationship problems. We can also help with all types of abuse, chemical dependency, anger, and much more.

## **Appendix C**

### ***Federal Register* Notice to the Public**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-New]

**Agency Information Collection Request. 60-Day Public Comment Request**

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the

use of automated collection techniques or other forms of information technology to minimize the information collection burden. To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

*Proposed Project:* Evaluation of the Parents Speak-Up National Campaign: Youth Survey. (New)—OMB No. 0990-New—Office of Adolescent Pregnancy Program.

*Abstract:* The Evaluation of the Parents Speak-Up National Campaign Youth Survey is designed to evaluate the Parents Speak-Up National Campaign, a campaign designed to

encourage parents to talk with their children about sexual activity. The campaign includes paid and public service announcement (PSA)-type spots, as well as a Web site, [4parents.gov](http://4parents.gov). As the campaign aims to increase parent-child communication about sex, the purpose of this information collection is to measure youth self-reported communication with parents, their related attitudes and beliefs about sex, and determine whether their parents' exposure to PSUNC affects the youth reports of communication. Parents of the youth in this study are participating in an OMB-approved, randomized controlled study of the behavioral effects of PSUNC message exposure.

This collection is follow-up of youth aged 13-15 whose parents participated in the parent efficacy study for the campaign. We are requesting a 2 year clearance; respondents will be 13-15 years old, who will be surveyed once, and the affected public will be individuals.

## ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (in hours)	Total burden hours
Youth Survey .....	13-15 year old youth .....	760	1	20/60	253

Mary Oliver-Anderson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7-24054 Filed 12-11-07; 8:45 am]

BILLING CODE 4150-30-P

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*Proposed Project:* Training Ph.D.s: Faculty Views on Their Role and Their Institution's Role to Promote the Development of Responsible Researchers—OMB No. 0990-New—Office of Research Integrity.

*Abstract:* Preventing research misconduct and abuse is of paramount

importance. The Institute of Medicine (IOM) has issued two reports in the last 10 years addressing this concern and clearly states that mentoring is a key factor in promoting the development of responsible researchers. However, little is actually known about the qualities and activities of effective mentors. The proposed project will focus on collecting descriptive information from faculty about their role as advisor and mentor and how faculty members perform these roles in their daily work with PhD candidates. In addition faculty members will be asked to describe how involved their institution is in promoting training or otherwise supporting research mentoring and advising.

The data will come from a random selection of 10,000 investigators drawn from the 2005 and 2006 National Institutes of Health or National Science Foundation grant recipients who have supervised doctoral students in the last five years and are faculty in two types of institutions: (1) Medical schools (within universities or stand alone) and (2) all other universities. We are requesting clearance for a one-time web

## **Appendix D**

### **RTI Institutional Review Board Approval Notice**





IRB ID Number: 11587

**Office of Research Protection and Ethics  
Institutional Review Board Notice of Approval**  
Federalwide Assurance No. 3331

**Title of Study:** Parents Speak Up National Campaign (PSUNC) Evaluation  
**RTI Project Number** 0208490.025 **RTI Proposal Number** (if no Project Number)  
**Project Leader:** Doug Evans  
**Project Team Member Contact** (if different from Project Leader): Christina Lynch  
**Source of Funding for this Study:** Office of Population Affairs, DHHS  
**Date Submitted to IRB:** November 7, 2007 (revised)

**Level of Review** (*check one*):  
**Full** , IRB Meeting Date: 10/24/2007  
**Expedited** , category: None

**Type of Review** (*check one*):

- Preliminary review (Do not involve human subjects or data until pretest or full study is approved.)  
 Pretest/Pilot Test  
 Full Implementation  
 Amendment, describe:  
 Add study site(s):  
 Renewal  
 Study Closure

**IRB Approval of Special Conditions** (*check all that apply*):

- Waiver of Signed Informed Consent/Parental Permission  
 Participation of Pregnant Women (**Worksheet B** submitted by project team)  
 Participation of Prisoners (**Worksheet C** submitted by project team)  
 Participation of Prisoners in DHHS-funded studies (OHRP acknowledgement received)  
 Participation of Minors (**Worksheet D** submitted by project team)  
 IRB Agreement of Nonsignificant Risk Device Study Determination

**Please note the following requirements:**

- If **unexpected problems** or **adverse events** occur, the project team must notify the IRB.
- If there are **changes** in study procedures or protocol or any data collection materials (brochures, letters, questionnaires, etc.) the project team must notify the IRB before they are implemented.
- The project team is required to apply for **continuing review** as long as the study is active, which includes participation of human subjects or possession of human data or specimens.

**Expiration Date of IRB Approval:** June 5, 2008  
 (No human subjects research can occur after this date without continuing review and approval.)

Wendy Visscher

11-20-2007

\_\_\_\_\_  
**Signature - IRB Member or Chair**

\_\_\_\_\_  
**Date of IRB Approval**

Wendy Visscher, Ph.D.

\_\_\_\_\_  
**Name - IRB Member or Chair (print or type)**

- Copy sent to project leader on:  
 Entered into MIS

## Appendix E

### Assurances of Confidentiality and Study Descriptions Provided to Respondents

[Need to insert Certificate once received-placeholder info for now]

January 29, 2008

Steven Hirschfeld, M.D., Ph.D.  
Associate Director for Clinical Research  
National Institute of Child Health and Human Development  
National Institutes of Health  
Building 31A, Rm 2A03  
9000 Rockville Pike  
Bethesda, MD 20892

Dear Dr. Hirschfeld:

This letter requests a Certificate of Confidentiality to protect research subjects participating in a study called “Parents Speak Up National Campaign (PSUNC) Evaluation,” funded by the Office of Population Affairs (OPA) under Contract No. 233-02-0090, Task Order 25. This study is conducted by researchers from RTI International, Research Triangle Park, NC. The specific aims of this study are to determine the efficacy of the PSUNC and its messages and to measure teen reports of parent-child communication in order to assess congruence with parent reports. We request the Certificate of Confidentiality to protect research subjects participating in the evaluation. A Certificate of Confidentiality is authorized under Section 303(a) of the Public Health Service Act, amended and redesigned as Section 301(d) of the Public Health Service Act (42 U.S.C. 241(d)) by the Health Omnibus Programs Extension Act of 1988.

In this study, information is obtained from teens aged 13 to 14 who are identified from among a general Knowledge Networks parent panel. Knowledge Networks is a company that conducts online research. A parent panel is an online panel based on a nationally representative sample of the full United States population. Teens will be randomly selected from among this nationally representative panel to take a Web-based survey. Teens will self-administer this Web survey at home on personal computers. In the evaluation study, teens are asked to complete Web surveys to assess perceived risks from teen sexual activity, perceived susceptibility, disapproval of teen sexual activity, self-efficacy to talk about sex to their parent, outcome efficacy, perceived value of delayed sexual activity, and parent-child communication about sex.

Due to the sensitive nature of the information that is collected, a Certificate of Confidentiality is requested to cover key personnel involved in the study named herein and any other persons associated with the study. “Other persons” include the Knowledge Networks staff who oversee online data collection from the subjects, supervisors who monitor adherence to study protocols, researchers who will be involved in data analysis, and any other research organization to which RTI delivers data (with respondent permission).<sup>1</sup>

Other than the exceptions described below, the researchers should be authorized to 1) withhold the names, other identifying characteristics, and reported activities or behaviors identified through data collection among the research subjects from police, courts, or any judicial agency and 2) refuse to comply with a subpoena for such identifying information from Federal, State, or city officials.

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<sup>1</sup> We ask respondents for permission to share their identifying information with any research institute that may be contracted by the OPA to conduct a long-term follow-up study. The identifying information will only be released if the institute agrees to keep this information confidential and the new research study is approved by an Institutional Review Board (IRB). For respondents who do not give permission, only RTI International staff will have access to identifying information.

In collaboration with RTI's Institutional Review Board (IRB), our research team has developed procedures for reporting suspected child abuse or neglect in accordance with Federal and State regulations. Our research team is sensitive to the guarantees of confidentiality. Participants in this study are not directly asked about child abuse or neglect. However, respondents are told as part of the Web-based introduction that if they should volunteer or report information about their or another person's life or health being in danger, or should our research staff suspect that their or another person's life or health is in danger; the research staff are required to report this information to the child welfare agency in the county of the parent. In all cases, identifying information is replaced with a study identification number in all records that contain data collected.

Details of this application are presented below.

### **1. Name and Address of Applicant Research Institution**

The institution with which the applicant is affiliated and the recipient of contract funding for the research is:

RTI International  
P.O. Box 12194  
Research Triangle Park, NC 27709

### **2. Site Where Research Will Be Conducted**

Teens will self-administer a Web questionnaire. Upon completion of data collection Knowledge Networks will prepare a final data file that includes the raw survey data and accompanying documentation for data users and analysts. Data will be analyzed at RTI's main campus in Research Triangle Park, NC. Once the data files arrive at RTI, they will then be stored on a dedicated project share drive, maintained by RTI. Data entry at RTI will be conducted by authorized personnel and stored on a secure, password-protected RTI ITS-supported secure server accessible only to the project personnel assigned to this project.

No identifying information will be shared with RTI project staff. All personally identifying records are kept secured in a separate office in the Informational Technology section of the Knowledge Networks main offices in Menlo Park, CA. Knowledge Networks has developed a secure transmission and collection protocol, including the use of system passwords, and two separate sets of firewalls to prevent unauthorized access to the system. Neither questionnaires nor survey responses are stored onto the WebTV box; questionnaires are administered dynamically over the Internet. Survey responses are written in real-time directly to Knowledge Networks' server and are then stored in a local Oracle database. The database is protected primarily through firewall restrictions, password protection, and 128-bit encryption technology. RTI's main campus in Research Triangle Park has installed a keyless card-controlled access system on all buildings and laboratories on RTI's main campus. Access is controlled 24 hours a day, seven days a week. The system monitors and limits access to the buildings and to the ITS computer room. Access is granted on an individual basis, and reports can be generated to review access patterns. RTI employs a Windows network server with built-in security features, including:

- Local desktop security: user identification and password required for access
- Lockout of account upon repeated entry of an invalid password
- NT File System (NTFS) per-file and per-directory security

- Administrator-defined user groups.

NTFS permissions allow users and administrators to control access to NT resources on a per-user or per-user-group basis. NTFS has many levels of access control, including no access, read only, change, and full control.

### **3. Title of the Research Project**

The title of the research project is **Parents Speak Up National Campaign (PSUNC) Evaluation**.

### **4. Source and Number of the Supporting Grant**

Not applicable. This project is not funded by a grant.

### **5a. IRB Approval**

The PSUNC Evaluation received full RTI Institutional Review Board (IRB) approval on November 20, 2007. RTI's IRB is in compliance with applicable Federal requirements (45 CFR 46 and 21 CFR 50 and 56). RTI holds a Federal Wide Assurance (FWA) from the Department of Health and Human Services' Office for Human Research Protections (OHRP).

### **5b. Documentation of IRB Approval**

RTI's IRB Notice of Approval indicating institutional support for this application is included as **Attachment A**. The approval was signed by Wendy A. Visscher, IRB Director.

### **5c. Documentation of IRB Qualifications**

The Assurance Number on file with RTI's Office of Research Protection and Ethics is 3331.

### **6. Applicant and Other Key Personnel**

The Applicant and principal investigator responsible for the conduct of this research is:

W. Douglas Evans, Ph.D.  
 Project Director  
 RTI International  
 701 13<sup>th</sup> Street, NW  
 Washington, DC 20005  
 (202) 728-2058 (voice)  
 (202) 728-2095 (fax)  
 E-mail: [devans@rti.org](mailto:devans@rti.org)

Dr. Evans has a doctoral degree and master's degree in cognitive science from the Johns Hopkins University. His bachelor's degree is from Reed College, with a concentration in psychology and philosophy. He serves as Vice President of RTI's Public Health Economics

Division. Dr. Evans is a national expert in evaluating the effects of social marketing and health communications campaigns on health behavior change. Dr. Evans has 15 years of experience in evaluation research, health promotion and disease prevention program evaluation, and social marketing and communications research. He has designed numerous large-scale program evaluations and survey research studies and has extensive experience evaluating behavior change and public education intervention programs designed to communicate science-based information to diverse audiences. He is trained in advanced research methods, evaluation research, professional issues in public health (including ethics and confidentiality), research project management, and scientific and technical writing.

Other key personnel include:

**Helen Koo, Dr.P.H.**, Associate Project Director, has a doctoral and master's degree in population planning from the University of Michigan, a master's degree from the University of Minnesota, and a bachelor's degree from Stanford University.

**Olivia Ashley, Dr.P.H.**, Document Review and Interview Task Leader, has a doctoral degree in public health from the University of North Carolina at Chapel Hill (UNC-CH)'s Department of Health Behavior and Health Education in the School of Public Health, a master's degree from UNC-CH in the School of Allied Health, and a bachelor's degree from UNC-CH's Department of Psychology.

**Ellen Wilson, Ph.D.**, Focus Group Task Leader, has a doctoral degree in public health from UNC-CH, a master's of economic and political development and a master's of public health from Columbia University, and a bachelor's degree from Carleton College.

**Julia Kish Doto, Ph.D.**, Survey Task Leader, has a doctoral degree in public and community health from the University of Maryland at College Park, with a concentration in women's health and sexuality, a master's degree in health education from the Pennsylvania State University, and a bachelor's degree from University of Delaware.

**Kevin Davis, M.A.**, Trends Analysis Model Task Leader, has a master's degree in economics from the University of North Carolina at Greensboro and two bachelor's degrees in economics and history from the University of North Carolina at Asheville.

**Christina Lynch, M.S.**, IRB and Office of Management and Budget (OMB) research support, has a master's degree in evaluative clinical sciences from Dartmouth College and a bachelor's degree in comprehensive science from Villanova University.

**Jennifer Gard, M.P.H.**, IRB and focus group research support, has a master's of public health from UNC-CH and a bachelor's degree in women and gender studies from Washington University in St. Louis.

Resumes of the individuals listed above are included as **Attachment B**.

## 7. **Beginning Date and Expected End Date of the Project**

The phase of the project for which the Certificate of Confidentiality is requested begins April 2008, and will terminate upon contract completion (September 2008). Baseline survey data collection with teens will begin April 2008. If the project is continued to a later date, an extension of the Certificate of Confidentiality will be requested in writing three months prior to the expiration date of the Certificate.

## 8. **Project Aims and Research Methods**

The specific aims of this study are to determine the efficacy of the PSUNC and its messages and to measure teens' reports of parent-child communication in order to assess congruence with parent reports. Additional analysis will assess the secondary effect of PSUNC messages on the teens of exposed parents. We request the Certificate of Confidentiality to protect research subjects participating in the evaluation. RTI is coordinating with OPA and Rosenberg Communications, Inc., (RCI) to conduct a study involving teens aged 13 to 14 who are identified from among a general Knowledge Networks parent panel—an online panel based on a nationally representative sample of the full United States population. Having completed a pilot test of the Web instrument with a sample of 9 teens, the study team will sample approximately 760 teens to take the children's survey. Eligible participants include 13 or 14 year-old children of English-speaking parents or parent surrogates enrolled in Knowledge Networks participating in the primary study who have not participated in the PSUNC pilot study. The teen must live at home with this parent to be contacted. As teens will not be exposed to experimental manipulation, allocation to study condition will follow from the parent's assignment so that children of parents in the control condition will be viewed as members of the control condition in the children's study and likewise for children of parents in the intervention condition. Teens will self-administer this Web survey at home on personal computers. We will conduct efficacy data collection through one-time Web-based questionnaires. Individual identifying information will be maintained separately from completed questionnaires and from computerized data files used for analysis. If significant changes are made to the project aims or methods during the course of study, we will contact the Certificate Coordinator who issues the Certificate.

## **9. Protection of Subjects' Identities**

All data provided by study participants will be kept confidential. Procedures we will use to ensure protection of subjects' identities include:

- Knowledge Networks has developed a secure transmission and collection protocol, including the use of system passwords, and two separate sets of firewalls to prevent unauthorized access to the system. Neither questionnaires nor survey responses are stored onto the WebTV box; questionnaires are administered dynamically over the Internet. Survey responses are written in real-time directly to Knowledge Networks' server and are then stored in a local Oracle database. The database is protected primarily through firewall restrictions, password protection, and 128-bit encryption technology. Knowledge Networks will store names and contact information in a separate location from questionnaire responses. All precautions will be taken against inadvertent disclosure. Restricted access rooms will be maintained for the handling of any hard copy information. All survey responses will be marked only by study ID. All electronic files and subsequent reports to the client about survey results will only present data in aggregate.
- After completion of the data collection and delivery of data by Knowledge Networks to RTI, data will be stored on an access-protected shared drive so that only members of the project team who are authorized and have a need will have access. Other individuals not associated with the project will not be able to access the data without permission from the Project Leader. All project staff will be required to sign a confidentiality agreement (**Attachment C**).

- At the end of the original study, a data file with study ID numbers and questionnaire responses will be delivered to OPA without respondents' names and contact information. There is a possibility that the OPA may conduct other research studies in the future with parents and teens from the current study. RTI will ask the parent and the teen for permission to be contacted again for another research study. If respondents are contacted, this new study will be explained to them at that time, and they will be asked whether they want to participate at that time. Respondents may refuse to participate in the new study without penalty. Knowledge Networks will destroy all names and contact information after five years if no follow-up study is conducted. Knowledge Networks will retain the identifying information on a CD for subjects who consent for five years after each future follow-up study is conducted and will destroy the information at that time if no further follow-up studies are conducted.

#### **10. Reasons for Requesting a Certificate of Confidentiality**

This request is made for the following reasons: (a) the teens participating in this research will be asked questions of a sensitive nature, including self-efficacy to talk about sex to their parent and parent-child communication about sex, and will be at risk should they be identified; and (b) the validity and utility of research will suffer should we, as researchers, be unable to guarantee to the research participants that we may not, at any time, be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify them.

#### **11. Informed Consent forms for Human Subjects**

We will seek written (not signed) consent from parents for their 13 to 14 year-old teens' participation in the Web survey, and written (not signed) assent from these teens for their own participation in the Web survey. Informed consent/assent forms for parents and teens as they would read if a Certificate of Confidentiality is obtained are included as **Attachment D**. These informed consent/assent forms include a description of the protections and limitations of the Certificate of Confidentiality, including the circumstances in which the research staff plans to voluntarily disclose identifying information (e.g., suspected child abuse, harm to self or others). OPA has indicated that it will not audit this project by demanding personally identifying information. OPA may request information about response rates and aggregate responses about parent-child communication about sex and program effects among subjects but not personally identifying information about individual respondents. If significant changes are made to the informed consent/assent forms, we will contact the Certificate Coordinator who issues the Certificate and submit a copy of the revised consent/assent forms.

Consent/assent will be obtained after the screening procedures but before the Web surveys are taken. Both the parent and teen will read a general description of the study online before being asked if they will consent/assent to participation. If the parent consents to her/his teen's participation, but the teen does not assent to being in the study, the teen will not be able to take the Web survey.

In addition to the study information and informed consent/assent, the researchers will inform the parents and teens about the study and their participation by use of electronic lead letters and screeners. These materials are provided as **Attachment E**.

#### **12. Drugs Administered to Human Subjects**



Not applicable to the PSUNC Evaluation. This study does not administer drugs to human subjects.

**13. Controlled Drug or Drugs Administered**

Not applicable to the PSUNC Evaluation. This study does not administer a controlled drug or drugs.

**14. Reportable Communicable Diseases**

Not applicable to the PSUNC Evaluation. This study does not collect data on communicable diseases.

**Assurances**

This institution agrees to use the Certificate of Confidentiality to protect against the compelled disclosure of personally identifiable information and to support and defend the authority of the Certificate against legal challenges.

The institution and personnel involved in the conduct of the research will comply with the applicable Federal regulation for the protection of human subjects or, if no such Federal regulation is otherwise applicable, they will comply with 45 CFR Part 46.

This Certificate of Confidentiality will not be represented as an endorsement of the project by the DHHS or NIH or used to coerce individuals to participate in the research project.

All subjects will be informed that a Certificate has been issued, and they will be given a description of the protection provided by the Certificate.

Any research participant entering the project after expiration or termination of the Certificate will be informed that the protection afforded by the Certificate does not apply to them.

*William D. Evans*

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Signature of Principal Investigator

---

Signature of Institutional Official

Juesta Caddell, IRB Chair and Acting Director,  
Office of Research Protection

Name and Title of Institutional Official

If you have any questions regarding the issuance of this certificate, please contact me at (202) 728-2058 or [devans@rti.org](mailto:devans@rti.org). Thank you for your prompt attention to this request.  
Sincerely,

W. Douglas Evans, Ph.D.  
Principal Investigator  
RTI International

Cc: Lisa Gilliland, RTI International  
Susan Haber, RTI International  
Leslie Raneri, Office of Population Affairs  
Allison Roper, Office of Population Affairs

## **Appendix F**

### **Knowledge Networks Privacy and Confidentiality Procedures**

### **Knowledge Networks Participant Privacy and Confidentiality**

All survey responses will be confidential, with identifying information never revealed without respondent approval. All Knowledge Networks panels who participate in the study will be given a copy of the Privacy and Term of Use Policy. In the privacy terms, there is a section entitled the “Panel Member Bill of Rights” which summarizes the confidentiality and privacy protections for panelists and explains that participants can decide whether to participate in the panel or to answer any survey questions. The Bill of Rights is also available electronically at all times to panelists via the panel member website. The “Bill of Rights” includes the following text:

- We are researchers, not telemarketers. Here’s what we can promise you:
- We operate under the standards set by the Council of American Research Organizations (CASRO) [[www.casro.org](http://www.casro.org)] and our website is approved by TRUSTe.
- Your survey responses and information are provided to our clients in an anonymous form, unless you have given your express permission.
- Occasionally, we may contact you to validate responses. We will never misrepresent ourselves, nor what we are doing.
- Your decision about participating in the Knowledge Networks Panel or responding to specific questions will be respected without question.

The privacy terms also explain data security employed by Knowledge Networks. Knowledge Networks uses advanced security measures to protect against the loss, misuse, and alteration of information provided to Knowledge Networks. To enhance data security, Knowledge Networks web server supports SSL (Secure Socket Layer) Encryption security technology and access to the Knowledge Networks database is restricted to portals that only Knowledge Networks controls. In addition, all panel members are required to use passwords and usernames.

Knowledge Networks warrants that all employees are bound to protect the privacy and confidentiality of all personal information provided by respondents, and very few employees actually have access to any confidential data. The only staff members who have access to this information—personally identifying information about panel members—are those with a direct need to know. Therefore, the only persons with access are the following:

- Database and IT administrators with access to computer servers for the purpose of maintaining the computers systems at Knowledge Networks;
- Staff members in the Panel Relations department that have direct contact with panel members as part of the inbound and outbound call center operations. These staff members are responsible for troubleshooting any problems panelists might be having with their equipment or software related to survey administration, incentive fulfillment, and panel management.
- Staff members of the Statistics department have access to personally identifying information in order to draw samples for the various surveys we conduct at Knowledge Networks.

All personally identifying records are kept secured in a separate office in the Informational Technology section of the main offices in Menlo Park, CA, and all data transfers from WebTV units and personal computers (both used for survey administration) to the main servers pass through a firewall. Knowledge Networks never provides any respondent personal identifiers to any client or agency without the explicit and informed consent provided by the sampled Panel Members. Unless explicitly permitted as documented in a consent form, no personally identifying information will be provided to any parties outside Knowledge Networks in combination with the survey response data.

All electronic survey data records are stored in a secured database that does not contain personally identifying information. The staff members in the Panel Relations and Statistics departments, who have access to the personally identifying information, do not have access to the survey response data. Meanwhile, the staff members with access to the survey response data, with the exception of the aforementioned database and IT administrators who must have access to maintain the computer systems, do not have access to the personally identifying information. The secured database contains field-specific permissions that restrict access to the data by type of user, as described above, preventing unauthorized access.

The survey response data are identified only by an incremented ID number. The personally identifying information is stored in a separate database that is accessible only to persons with a need to know, as described above. The survey data extraction system exports only anonymized survey data identified only by the Panel Member ID number. The data analysts with access to the survey data extraction system, as they do not have access to personally identifying information, cannot join survey data to personally identifying data. Panel Relations and Statistics staff do not have access to the survey data extraction system, and therefore cannot join survey data to personally identifying data.

As part of its prior work with RTI, Knowledge Networks has implemented Good Clinical Practice guidelines to assure compliance with requirements for systems documentation and privacy of stored survey data. Consequently, a system of standard operating procedures have been put in place for documenting all processes relating to maintaining confidentiality and privacy of the identities of panel members. Knowledge Networks retains the survey response data in its secure database after the completion of a project. These data are retained for purposes of operational research, such as studies of response rates and for the security of our customers who might request at a later time additional analyses, statistical adjustments, or statistical surveys that would require re-surveying research subjects as part of validation or longitudinal surveys.

**Appendix G**  
**E-mail Notifications**

## **E-mail notification to parents**

**E-mail Notification to Parent**

Subject Line: Survey About Family Communication

Because of your previous participation in a study about your attitudes and beliefs about family communication, we would like to obtain information about your teen's attitudes and beliefs about family communication. Your teen is being asked to participate in a research study sponsored by the Office of Population Affairs, Department of Health and Human Services. The questionnaire will take your teen about 20 minutes to complete. The information collected will be used to help us learn more about family communication. Your teen's participation in the study is voluntary. If you choose to give your teen permission to participate, and he or she is also willing to participate, he or she should answer the questions honestly and in a private setting. Your teen's survey responses will be kept confidential. Your teen's survey answers will not be shared with anyone outside the research study, including yourself.

If you have questions about the survey, you may call Dr. Doug Evans at 1-800-334-8571, ext. 22058 (a toll-free number). If you have any questions about your teen's rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). If you have questions about your rights as a Knowledge Networks respondent, you may call 1-800-782-6899 (a toll-free number) or e-mail [membershipsupport@knowledgenetworks.com](mailto:membershipsupport@knowledgenetworks.com)

To continue, please select the link below.

**{BUTTON TO PARENT SCREENER}**



## Parent E-mail Reminders

**1<sup>st</sup> E-mail Reminder to Parent (7–10 days)**

We recently sent a request for your teen to complete a questionnaire. The information collected will be used to help us learn more about family communication. The questionnaire will take your teen about 20 minutes to complete. The survey asks about things like your teen's attitudes and beliefs toward family communication. Your teen's survey responses will be kept confidential. Your teen's survey answers will not be shared with anyone outside the research study, including yourself.

You will first need to give your teen permission to complete the questionnaire by clicking the button below. We'd appreciate your teen taking the questionnaire at his or her earliest convenience.

{BUTTON TO PARENT SCREENER}

**2<sup>nd</sup> E-mail Prompt to Parent - Custom (14–17 days)**

We recently sent you a request for your teen to participate in a survey about family communication. The survey is sponsored by the Office of Population Affairs, Department of Health and Human Services, and the information collected will be used to help us learn more about family communication.

We would appreciate your teen completing the questionnaire at his or her earliest convenience. The questionnaire will take your teen about 20 minutes to complete. The survey asks about things like your teen's attitudes and beliefs about family communication. Your teen's survey responses will be kept confidential. Your teen's survey answers will not be shared with anyone outside the research study, including yourself.

You will first need to give your teen permission to complete the questionnaire by clicking the button below.

If you have questions about the survey, you may call Dr. Doug Evans toll free at 1-800-334-8571, ext. 22058.

{BUTTON TO PARENT SCREENER}

## E-mail Notifications to Teens

**E-mail Notification to Teen (Existing Knowledge Networks Panel Member)**

Subject Line: Survey About Family Communication

You are being asked to take a survey about family communication. This study is sponsored by the Office of Population Affairs, Department of Health and Human Services. The information collected will be used to help us learn more about family communication. The survey will take you about 20 minutes to complete. The survey asks about things like your attitudes and beliefs toward family communication. You are eligible for the survey because both you and your parent are Knowledge Networks panel members. Your parent has already given permission for you to take this survey. Your participation in the survey is your choice. If you choose to take the survey, please answer the questions honestly and in a private setting. Your survey responses will be kept confidential. Your survey answers will not be shared with anyone outside the research study, including your parents.

If you have questions about the survey, you may call Dr. Doug Evans at 1-800-334-8571, ext. 22058 (a toll-free number). If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). If you have questions about your rights as a Knowledge Networks respondent, you may call 1-800-782-6899 (a toll-free number). You can also e-mail [membershipsupport@knowledgenetworks.com](mailto:membershipsupport@knowledgenetworks.com) To continue, please select the link below.

**{BUTTON TO ASSENT FORM}**

**E-mail Notification to Teen (Non-Panel Member)**

Subject Line: Survey About Family Communication

You are being asked to take a survey about family communication. This study is sponsored by the Office of Population Affairs, Department of Health and Human Services. The information collected will be used to help us learn more about family communication. The survey will take you about 20 minutes to complete. The survey asks about things like your attitudes and beliefs toward family communication. You are eligible for the survey because your parent was in a previous study. Your parent has already given permission for you to take this survey. Your participation in the survey is your choice. If you choose to take the survey, please answer the questions honestly and in a private setting. Your survey responses will be kept confidential. Your survey answers will not be shared with anyone outside the research study, including your parents.

If you have questions about the survey, you may call Dr. Doug Evans at 1-800-334-8571, ext. 22058 (a toll-free number). If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). If you have questions about your rights as a Knowledge Networks respondent, you may call 1-800-782-6899 (a toll-free number). You can also e-mail [membershipsupport@knowledgenetworks.com](mailto:membershipsupport@knowledgenetworks.com). To continue, please select the link below.

**{BUTTON TO ASSENT FORM}**

## Teen E-mail Reminders

**1<sup>st</sup> E-mail Reminder to Teen (7–10 days)**

We recently sent you a request to take a survey about family communication. Your parent has already given permission for you to complete this survey. The information collected will be used to help us learn more about family communication. The survey will take you about 20 minutes to complete. The survey asks about things like your attitudes and beliefs toward family communication. Your survey responses will be kept confidential. Your survey answers will not be shared with anyone outside the research study, including your parents.

We would appreciate if you would take the survey at your earliest convenience. You can do this by clicking the button below. If you have already completed the survey, thank you and please delete this email.

{BUTTON TO ASSENT FORM}

**2<sup>nd</sup> E-mail Prompt to Teen - Custom (14–17 days)**

We recently sent you a request for you to take a survey about family communication. The survey is sponsored by the Office of Population Affairs, Department of Health and Human Services. The information collected will be helpful to us. It will help us learn more about family communication. The survey will take you about 20 minutes to complete. The survey asks about things like your attitudes and beliefs about family communication. Your survey responses will be kept confidential. Your survey answers will not be shared with anyone outside the research study, including your parents.

Your parent has already given permission for you to complete this survey. If you have already completed the survey, thank you and please delete this e-mail. If not, we would like for you to take the survey as soon as you can. You can do this by clicking the button below.

If you have questions about the survey, you may call Dr. Doug Evans toll free at 1-800-334-8571, ext. 22058.

{BUTTON TO ASSENT FORM}

## **Appendix H**

### **Knowledge Networks Panel Recruitment Methodology**



### **Knowledge Networks Panel Recruitment Methodology**

Participants in the Knowledge Networks panel are first selected using list-assisted random-digit-dialing (RDD) telephone methodology, providing a probability-based starting sample of U.S. telephone households. The panel sample is then adjusted to match U.S. Census demographic benchmarks to reduce error due to non-coverage of non-telephone households and to reduce bias due to nonresponse and other nonsampling errors. Knowledge Networks excludes only those banks of telephone numbers (consisting of 100 telephone numbers) that have zero directory-listed phone numbers. Knowledge Networks' telephone numbers are selected from the 1 or more banks with equal probability of selection for each number. The sampling is done without replacement to ensure that numbers already fielded by Knowledge Networks do not get fielded again. Having generated the initial list of telephone numbers, the sample preparation system excludes confirmed disconnected and non-residential telephone numbers. Next, the sample is screened to exclude numbers that are not in the WebTV Internet Service Provider network. This process results in the exclusion of approximately 6% to 8% of the United States population. This percentage is diminishing steadily, and as of July 2001, Knowledge Networks will begin to include a small sample from out of the WebTV Internet Service Provider network in the panel to represent these areas and reduce coverage error. The sample frame is updated quarterly. Telephone numbers for which Knowledge Networks is able to recover a valid postal address (about 50%) are sent an advance mailing informing them that they have been selected to participate in the Knowledge Networks Panel. In addition to information about the Knowledge Networks Panel, the advance mailing also contains a monetary incentive to encourage cooperation when the interviewer calls. Following the mailing, the telephone recruitment process begins. The numbers called by experienced interviewers consist of all numbers sent an advance mailing, as well as 50% of the numbers not sent an advance mailing. The resulting cost efficiency more than offsets the decrease in precision caused by the need for sample weights. Cases sent to telephone interviewers are dialed up to 90 days, with at least 15 dial attempts on cases where no one answers the phone, and 25 dial attempts on phone numbers known to be associated with households. Extensive refusal conversion is also performed. An interview, which typically requires about 10 minutes, begins with the interviewer informing the household member that they have been selected to join the Knowledge Networks Panel. Household members are told that in return for completing a short survey weekly, the household will be given a WebTV set-top box and free monthly Internet access. All members in the household are then enumerated, and some initial demographic variables and background information of prior computer and Internet usage are collected. Once participants are recruited into the panel, they can be contacted by e-mail (instead of by phone or mail) to participate in any number of studies.

Households already having Internet access are permitted to use their own Internet-connected computers for self-administration of interviews. In contrast, each non-Internet household is provided with identical hardware for survey administration. Microsoft's WebTV is the hardware platform currently used by the Knowledge Networks panel. The device consists of a set-top box that connects to a TV and the telephone. It also includes a remote keyboard and pointing device. WebTV has a built-in 56K modem that provides the household with a connection to the Internet. The base unit also has a small hard drive to accommodate large file downloads, including video files. File downloads do not require any user intervention and usually occur during off hours. Prior to shipment, each unit is custom configured with individual e-mail accounts, so that it is ready for immediate use by the household. Most households are able to install the hardware without additional assistance, though Knowledge Networks maintains a telephone technical

support line and will, when needed, provide on-site installation. The Knowledge Networks Call Center also contacts household members who do not respond to e-mail and attempts to restore contact and cooperation.

All new panel members are sent an initial survey to confirm equipment installation and familiarize them with the WebTV unit. Demographics such as gender, age, race, income, and education are collected for each participant to create a member profile. This information can be used to determine eligibility for specific studies and need not be gathered with each survey. Starting in August 2002, Knowledge Networks began oversampling households that have pre-existing, home-based Internet access, allowing these households to participate in the Web-enabled panel using their own equipment and Internet access. These panel members are enrolled into a panel loyalty program intended to encourage long-term participation in the research panel. The above Knowledge Network's procedures are in place prior to this information collection and are not part of the public burden associated with this collection. This approach also reduces burden placed on participants, since e-mail notification is less obtrusive than telephone calls, and most respondents find answering Internet questionnaires to be more interesting and engaging than being questioned by a telephone interviewer.