

Informed Consent Form for Adult Survey Participation

Informed Consent Form for Adult Survey Participation Primary Health Care Patient Surveys

About the Surveys

The Primary Health Care Patient Surveys are research studies being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them. You are one of about 4,000 people that RTI has selected to participate.

Participation

If you agree to participate, you will be asked some questions about your health and the services that you receive at this health care center. Some of the questions may be personal, such as questions about drug or alcohol use and your feelings. There also may be questions about HIV/AIDS. Most of the questions are about less sensitive things like health care received and whether you have certain health conditions like asthma or diabetes. Some people will get a shorter interview, while others will take a bit longer. The interview may last about an hour.

Voluntary Participation

You may choose whether or not you would like to participate. If you choose not to participate it will not affect any services you may receive at the health center or from any other programs. If you do not want to answer some of the questions you are asked, that is okay. If you decide not to finish the questions, that is okay too. It is possible that some questions may make you uncomfortable or feel various emotions. If you need to take a break at any time, just let me know.

Benefits

There are no direct benefits to you. However, you will be helping us learn more about the health needs of people who use health centers like this one.

Compensation for Participation

If you participate, you will be provided with \$25 cash or a \$25 gift card to thank you for your time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make you feel uncomfortable or upset. If you feel uncomfortable or upset, you may ask the interviewer to take a break or skip any of the questions. The other risk is that someone might find out what you tell us during the interview. To avoid that, we will do the interview in private where no one can hear your answers. We will also create and use a number instead of your name to identify your interview. This will prevent anyone from finding out what your answers were.

Your Privacy

Anything you tell me is private. The privacy of your answers is very important, so let me say a little more about it. I am going to enter your answers into this computer. As mentioned, your answers will be linked to a number instead of your name so no one else will know how you answered the questions. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information you provide. The information that you tell me will not be shared with anyone at this health care center.

Exceptions to Privacy Pledge

There is one important exception to this promise of privacy. If I learn during our talk that your life, or another person’s life or health could be in danger, I am required to tell the clinic staff.

Questions

If you have any questions about these studies or the pretest, you may call Ann Burke at (NUMBER) or Tim Flanigan at (NUMBER). If you have any questions about your rights as a study participant, you may call RTI’s Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want to participate in the study?

By signing below, you are agreeing to participate. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You want to participate.

You will be given a copy of this consent form to keep.

Respondent’s Signature: _____ **Date:** _____

Interviewer’s Signature: _____ **Date:** _____

Recordings

We are using a special quality control system on this project. The system runs on the computer and will record what we say to each other during several different parts of the interview. Neither of us will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work, and will be kept private. You may participate in the interview even if you do not consent to the recordings. May we use this quality control system during your interview?

By signing below, you are agreeing we may use this quality control system.

Respondent’s Signature: _____ **Date:** _____

Informed Consent Form for Parent/Guardian
Participation in Proxy Interview for
Accompanied Children

Informed Consent Form for Parent/Guardian Participation in Proxy Interview for Accompanied Children Primary Health Care Patient Surveys

About the Surveys

The Primary Health Care Patient Surveys are research studies that are being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems or questions people come to health centers with and how well the health centers are meeting the needs of the people who use them. Your child, CHILD'S NAME, is one of about 4,000 people that RTI has selected to be included. Because CHILD'S NAME is less than 13 years old, we would like to ask you to answer questions about his/her health and the services that he/she receives at this health care center.

Participation

If you agree to participate, you will be asked some questions about your child's health and the services that he/she receives at this health center. Some of the questions may be personal, such as questions about your child's drug or alcohol use and his/her feelings. There also may be questions about HIV/AIDS. Most of the questions, however, are about less sensitive things like health care received and whether or not your child has certain health conditions like asthma or diabetes. Some people will get a shorter interview, while others will take a bit longer. The interview may last about an hour.

Voluntary Participation

You may choose whether or not you would like to participate. If you choose not to participate it will not affect any services your child or your family may receive at the health center or from any other programs. If you do not want to answer some of the questions you are asked, that is okay. If you decide not to finish the questions, that is okay too. It is possible that some questions may make you uncomfortable or feel various emotions. If you need to take a break at any time, just let me know.

Benefits

There are no direct benefits to you. However, you will be helping us learn more about the health needs of people who use health centers like this one.

Compensation for Participation

In addition, if you participate, you will be provided with \$25 cash or a \$25 gift card to thank you for your time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make you feel uncomfortable or upset. If you feel uncomfortable or upset, you may ask the interviewer to take a break or to skip any of the questions. The other risk is that someone might find out what you tell us during the interview. To avoid that, we will do the interview in private where no one can hear your answers. We will also create and use a number instead of your name to identify your interview in the computer. This will prevent anyone from finding out what your answers were.

Your Privacy

Anything you tell me is private. The privacy of your answers is very important, so let me say a little more about it. I am going to enter your answers into this computer. As mentioned, your answers will be linked

to a number instead of your name so no one else will know how you answered the questions. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information you provide. The information that you tell me will not be shared with anyone at this health care center.

Exceptions to Privacy Pledge

There is one important exception to this promise of privacy. If I learn during our talk that your child’s life or health, or another person’s life or health could be in danger, I am required to inform the clinic staff.

Questions

If you have any questions about these studies or the pretest, you may call Ann Burke at (NUMBER) or Tim Flanigan at (NUMBER). If you have any questions about your rights as a study participant, you may call RTI’s Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want to participate in the study?

By signing below, you are agreeing to participate. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You want to participate.

You will be given a copy of this consent form to keep.

Respondent’s Signature: _____ **Date:**

Interviewer’s Signature: _____ **Date:**

Recordings

We are using a special quality control system on this project. The system runs on the computer and will record what we say during several different parts of the interview. Neither of us will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work, and will be kept private. You may participate in the interview even if you do not consent to the recordings. May we use this quality control system during your interview?

By signing **below**, you are agreeing we may use this quality control system.

Respondent’s Signature: _____ **Date:**

Parent/Guardian Permission Form for
Accompanied Adolescent (Ages 13–17) Survey
Participation

Parent/Guardian Permission Form for Accompanied Adolescent (Ages 13–17) Survey Participation Primary Health Care Patient Surveys

About the Surveys

The Primary Health Care Patient Surveys are research studies being conducted by RTI International. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). They are about people who receive health care at places like this health care center. The surveys will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them. Your child is one of about 4,000 people that RTI has selected to participate.

Participation

If your child agrees to participate, he/she will be asked some questions about his/her health and the services that he/she receives at this health center. Some of the questions may be personal, such as questions about your child's drug or alcohol use and his/her feelings. There also may be questions about HIV/AIDS. Most of the questions are about less sensitive things like health care received and whether or not your child has certain health conditions like asthma or diabetes. Some people will get a shorter interview, while others will take a bit longer. The interview may last about an hour.

Voluntary Participation

Your child may choose whether or not he/she would like to participate. If you choose not to give us permission or if your child chooses not to participate, it will not affect any services your child or your family may receive at the health center or from any other programs. If your child does not want to answer some of the questions he/she is asked, that is okay. If your child decides not to finish the questions, that is okay too. It is possible that some questions may make your child uncomfortable or feel various emotions. If he/she needs to take a break at any time, he/she should just let me know.

Benefits

There are not any direct benefits to your child. However, your child will be helping us learn more about the health needs of people who use health centers like this one.

Compensation for Participation

In addition, if your child participates, he/she will be provided with \$25 cash or a \$25 gift card to thank him/her for his/her time.

Risks of Study Participation

There are two risks involved in study participation. One risk is that the questions we ask might make your child feel uncomfortable or upset. If your child feels uncomfortable or upset during the interview, he/she may ask the interviewer to take a break or to skip any of the questions. The other risk is that someone might find out what your child told us during the interview. To avoid that, we will do the interview in private where no one can hear his/her answers. We will create and use a number instead of your child's name to identify your child's interview in the computer. This will prevent anyone from finding out what your child's answers were.

Your Child's Privacy

Anything your child tells me is private. The privacy of his/her answers is very important, so let me say a little more about it. I am going to enter your child's answers into this computer. As mentioned, his/her answers will be linked to a number instead of his/her name so no one else will know how he/she answered the questions. Everyone involved in this research has signed an agreement stating they will protect the privacy of the information your child provides. The information that your child tells me will not be shared with you or anyone at this health center.

Exceptions to Privacy Pledge

There is one important exception to this promise of privacy. If I learn during my talk with your child that his/her life or health, or another person's life or health could be in danger, I am required to inform the clinic staff.

Questions

If you have any questions about these studies, you may call Ann Burke at (NUMBER) or Tim Flanigan at (NUMBER). If you have any questions about your child's rights as a study participant, you may call RTI's Office of Research Protections toll-free at (1-866-214-2043).

Do you have any questions that might help you decide whether or not you want your child to participate in the study?

By signing below, you are giving permission for your child to participate in the research described above. Please sign only if:

- ✓ You understand the information about the research described in this consent form,
- ✓ You have had all of your questions answered fully, and
- ✓ You give permission for your child to participate.

You will be given a copy of this consent form to keep.

Name of Child: _____

Parent/Guardian's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____

Recordings

We are using a special quality control system on this project. The system runs on the computer and will record what your child and I say to each other during several different parts of the interview. Neither of us will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work, and will be kept private. Your child may participate in the interview even if you do not consent to the recordings. May we use this quality control system during the interview with your child?

By signing below, you are agreeing we may use this quality control system.

Parent/Guardian's Signature: _____ **Date:** _____

Assent Form for Accompanied Adolescent
(Ages 13–17) Survey Participation

Assent Form for Accompanied Adolescent (Ages 13–17) Survey Participation Bureau of Primary Health Care Patient Surveys

About the Surveys

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Participation

(NAME OF PARENT/GUARDIAN) said it is okay for me to invite you to talk with me about your health and the services that you receive at this health care center. If it is okay with you, I would like to ask you some questions. Some of the questions may be personal, such as questions about drug or alcohol use and your feelings. There also may be questions about HIV/AIDS. Most of the questions are about less sensitive things like health care received and whether or not you have certain health conditions like asthma or diabetes. Some people will get a shorter interview, while others will take a bit longer. The interview may last about an hour.

Voluntary Participation

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Exceptions to Privacy Pledge

There is one important exception to this promise of privacy. If I learn during our talk that your life or health, or another person’s life or health could be in danger, I am required to inform the clinic staff.

Questions

If you have any questions about these studies or the pretest, you may call Ann Burke at (NUMBER) or Tim Flanigan at (NUMBER). If you have any questions about your rights as a study participant, you may call RTI’s Office of Research Protections toll-free at (1-866-214-2043).

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Date: _____

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Date: _____

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By signing below, you are agreeing we may use this quality control system.

Respondent’s Signature: _____

Date: _____