

## **PSUNC Children’s Survey Parent E-Mail Notification and Consent**

You and your child recently participated in a study about attitudes and beliefs toward family communication, sponsored by the Office of Population Affairs, Department of Health and Human Services. Your responses have been greatly appreciated and will benefit researchers in the area of family communication.

We’d like to invite your child to participate in a follow-up telephone survey. Your child was selected because of your participation in a previous study and his or her age. We’d like to ask for your permission to allow us to ask your child some questions. The questions ask about things like his or her attitudes, beliefs, and behaviors regarding family communication and teen sex. We understand that this is a very sensitive topic. However, absolute confidentiality will be assured, and no one other than the study researchers will be able to see the answers. Your child will not be individually identified, and the data will only be analyzed on an aggregate level.

As a token of our appreciation for participation in the study, your child will receive \$20 for completing the survey.

The following screens will provide a more detailed description of the project. It will only take a couple of minutes of your time. At the end, you will be given the chance to inform us of your decision. Keep in mind that in order for your child to participate in this study, BOTH you and your child must agree to participation. If you allow us to contact your child for the study, we will email your child information about the study and will ask his or her permission to participate. If your child agrees to participate, we will conduct a telephone interview with your child within 2 weeks after your child consents.

Thank you in advance for your time and consideration of this request.

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

---

#### **INTRODUCTION**

We are inviting your child to be part of a research study. Your child was selected for this study because of your involvement as a Knowledge Networks panel member, because both you and your child have completed prior surveys on this topic, and because of your child’s age. Before you decide whether you want your child to take part in this study, you need to read this Parental Permission form so that you understand what the study is about and what your child 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 information, and who you can call if you have questions. Please call Panel Relations at (800) 782-6899 about anything you don’t understand before you make your decision. Someone will direct your questions to the appropriate researchers.

#### **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 530 teens. The purpose of the main national study is to learn about teens' attitudes, beliefs, family communication, and sexual activity.

## **PROCEDURES**

If you agree to let your child participate, he or she will be asked to complete a telephone questionnaire at home.

Your child will be asked questions about things like family communication, attitudes and beliefs regarding teen sex, sexual activity, and method(s) to prevent pregnancy and sexually transmitted infections. Your teen doesn't have to be sexually active to be in the study. All of the questions are multiple choice. There are no right or wrong answers. Your child can skip any question he or she does not wish to answer. Your child's participation is entirely voluntary, and he or she can stop at anytime.

## **STUDY DURATION**

Participating in the telephone survey will take about 15 minutes of your child's time.

## **Possible Risks or Discomforts**

Participating in the study will pose little risk to your child. Because of the sensitive and personal nature of some of the questions, it is possible that some of the survey questions may make your child uncomfortable or upset. Your child can refuse to answer any question and may take a break at any time during the survey. There is a risk that your child's answers to the questionnaire could be seen by someone other than the interviewer, but we promise to do our best to keep this from happening. It is also possible that a family member could hear your child's questionnaire answers while the survey is in progress, 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 Knowledge Networks Panel Relations at (800) 782-6899.

## **BENEFITS**

### **Your Benefits**

There are no direct benefits to your child from participating in this study.

### **Benefits for Other People**

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

## **PAYMENT FOR PARTICIPATION**

Your child will receive a Knowledge Networks point incentive in the amount of 20,000 (equivalent to \$20 cash).

## CONFIDENTIALITY

All of the questionnaire answers are confidential. Parents will not have access to questionnaire answers. We will not allow anyone outside the research staff to know which answers are your child's, except when required by law. There are two exceptions: 1) if your child reveals that he or she is a danger to self or others, or 2) if he or she reveals abuse or neglect committed against him, her, or another child. In either of these cases, we must report it to the appropriate authorities. This includes suspected abuse or neglect of your child or suspected abuse or neglect of a friend of your child. Your child's name will be replaced with a number for the purposes of this study. Information collected about your child will be treated confidentially. Personal information like your child's address and telephone number will be stored by Knowledge Networks separately from the answers he or she provides on the questionnaire. Your child'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 study will not use your child's name in the report and will keep your child'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 child's participation in this research to assure that proper procedures were followed. A representative of the IRB may contact you for information about your child's experience with this research. If you wish, you may refuse to answer any questions this person may ask. In addition, this project has received a Certificate of Confidentiality, as approved by RTI International's IRB.

## Future Contacts

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

## Your Rights

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

## Your Questions

If you have any questions about this study, you may call Panel Relations at (800) 782-6899. If you have any questions about your child's rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (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**