

# Teen Assent Form

**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 Mr. Kevin Davis. He is the researcher who leads this study. His toll-free number is 1-800-334-8571, ext. 25801.

## PURPOSE

This study 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 530 teens. The purpose of this national study is to learn about family communication. We also want to learn about teens' attitudes, beliefs, and sexual activity.

## PROCEDURES

If you agree to participate, you will be asked to complete a telephone survey. An interviewer will call you at home and will conduct the survey with you. If anyone comes into the room while you are taking the survey, we can arrange to call you back and complete the survey at a more convenient time.

The interviewer will ask about things like family communication, your attitudes and beliefs regarding teen sex, sexual activity, and method(s) to prevent pregnancy and sexually transmitted infections. 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 telephone survey will take about 15 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. 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 hear your survey answers on the phone. 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 Mr. Davis at 1-800-334-8571, ext. 25801 (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. We will not allow people outside the study staff know which answers are yours except when required by law. There are two reasons we would do this: 1) if you reveal that you are a danger to yourself or others or 2) if you reveal that you or another child is being hurt or not taken care of. In either of these cases, we must report it to the authorities. This includes if you are being hurt or not taken care of, or if you a friend of yours is being hurt or not taken care of. 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.

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.

### **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 to take part in this research study is your choice. In order for you to complete the survey, BOTH you and your parent/guardian must agree that you can take the survey. *Even if your parent gives permission for you to take the survey*, you may refuse to participate at any time. If you do take the survey, you can skip any questions. If you feel like the survey is taking too long or you are getting tired, you may stop at any time. If you want to stop for any other reason, you may do so at any time. If you decide to participate and later change your mind, you will not be contacted again or asked for further information.

### **Your Questions**

If you have any questions about the study, you may call Mr. Kevin Davis at RTI at 1-800-334-8571, ext. 25801 (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**

**[IF AGREE, SHOW:]**

**Thank you, someone from Knowledge Networks will call you soon to arrange the survey.**

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