

**Attachment 10 – Community Member, Survey – Adult Supporting Docs**

**Document E.3: C-KABS Adult Consent**

## Evaluation of the Native Aspirations Program

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### Document E.3: Community Knowledge, Awareness, and Behaviors – Adult Version (C-KABS-A) CONSENT FORM

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#### Purpose of the Study

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States Department of Health and Human Services is studying the Native Aspirations Project. American Indian and Alaska Native tribes across the United States and its Territories have received funding to decrease risks that contribute to suicide, bullying, school violence among youth and to increase factors that are linked to the healthy and safe development of children and their families. On behalf of SAMHSA, Macro International Inc. is asking that you complete this Community Survey. The survey includes a series of questions asking you about your community, attitudes, beliefs, and experiences. The survey also asks about your exposure to and knowledge about suicide, bullying, violence, and substance abuse prevention. The findings from the survey will inform SAMHSA about the impact of the Native Aspirations program on community knowledge attitudes and behavior.

#### Description of Participation

You were randomly selected to respond to this survey because your community, along with other tribal communities across the country, received federal funding to prevent violence, bullying, and suicide among Native American youth. The survey consists of 36 questions and should take approximately 45 minutes for you to complete. You may be asked to complete the Community Survey once per year. You may participate up to three times.

There are no right or wrong responses to this survey. Here are some things we want you to know about the survey prior to agreeing and consenting to participating:

#### Risks and Benefits

Completing this survey poses few, if any, risks to you. Questions may make you feel uncomfortable or cause you to feel emotional. You can choose not to answer any question for any reason. You may choose to cease input of information at any time or not answer a question, for whatever reason. Your participation will not result in any direct benefits to you. However, your input will be used to help Native American youth, Native American communities, and the Native Aspirations program.

#### Compensation

If you agree to take part in this evaluation, you will be placed in a lottery for [Insert community-specific incentive].

#### Confidentiality

All responses will be treated confidentially. Your name and answers to these questions will be kept private. To protect your privacy, we will keep the records in locked files and only study staff will be allowed to use them. Your name will not be used in any reports about this study. Only authorized people will have access to the information you provide. The information that we report will be done in aggregate, will not contain any identifying information and your name will not be used in any reports about this evaluation.

In addition, to help protect the information that you gives us, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). The Certificate of Confidentiality will protect the members of the research staff from being forced, even under a subpoena, to release any information in which you are identified. Exceptions to the Certificate of Confidentiality are information on child abuse and neglect, or information regarding imminent danger to you or others, which we will report to the appropriate local and state agency. Additionally, DHHS may see your information if we are audited. Finally, the Certificate of Confidentiality does not imply the endorsement or the disapproval of the Department of Health and Human Services.

Rights Regarding Decision to Participate

Participation in the interview is completely voluntary. Refusal to participate involves no penalty or adverse consequences. You do not have to answer questions that you do not want to answer. You may choose to discontinue the survey at any time, for any reason. If you change your mind and quit, all of your answers will be destroyed if that is what you want.

Contact information

If you have any concerns about your participation in this survey or have any questions about the evaluation, please contact Christine Walrath at [cwalrath@macrointernational.com](mailto:cwalrath@macrointernational.com) or you may call her collect (646-695-8154) or contact Kara Riehman at [Kara.S.Riehman@macrointernational.com](mailto:Kara.S.Riehman@macrointernational.com) or you may call her collect at (404-592-2148).

Please sign below to indicate that you have read the above and agree to take part in this in-depth interview.

Please print your name

Please sign your name

Date

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**THANK YOU**