

**Attachment F**  
**Young Adult Consent**



## CONSENT TO BE IN A RESEARCH STUDY

**Purpose:** The Centers for Disease Control and Prevention (CDC) is sponsoring an evaluation of programs that are funded to reduce teen pregnancy by educating young people on issues such as responsible behavior, relationships, and youth development. The purpose of this study is to learn more about behaviors of youth between the ages of 15-19 years old so that improvements can be made to teenage pregnancy prevention programs. Please ask questions if there is anything about the study you do not understand.

We are seeking permission for your participation in this study in order that we may learn more about risky behavior among youth and young adults, including beliefs, values, and social norms. You will be asked questions around family relationships, your community, friends, alcohol and drug use, and sexual activity. The interview will be conducted on a laptop computer and will take approximately 45 minutes.

**Risks and Benefits:** There are no direct benefits to you for being a part of this project. You may feel uncomfortable when answering questions about personal matters. We have taken steps to protect your privacy.

**Compensation:** If you agree to participate in this project, you will receive \$20 for the interview to help with costs associated with participating in the project. Participation in this interview is voluntary, and you will be compensated even if you do not complete the interview.

**Protection of Information:** The information you give us will be kept private to the extent allowed by law. All the information collected during this study will be kept as secure as possible by the individual field interviewers who conduct the interviews. The information is transferred to secure computer systems at the study headquarters. The information provided by you will not be shared; your name will not appear on any documents. All of your responses will be presented as a group with other youth who participate.

There are some times when we cannot promise to keep your name a secret. If you tell the person who interviews you that you plan to hurt yourself or someone else, then the interviewer will have to tell a doctor or some other authority so that the child may get help. Interviewers must obey State laws and report certain kinds of diseases that other people can catch and they must report child abuse.

**Participant Rights:** You are not obligated to participate in this study. If you agree to participate, you have the right to change your mind and withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

**Contact Information:** If you have any questions about this evaluation project, or if you feel like you have been harmed by participating, you can call Chad Rodi, ICF International to have your questions answered. You can call him collect at 404.321.3211. If you have any questions about your rights as a research volunteer, please contact CDC/ATSDR's Acting Deputy Associate Director for Science at 1-800-584-8814. Leave a message with your name, phone number, and refer to CDC protocol # [REDACTED], and someone will call you back.

**Voluntary Assent:** I read this form, or it has been read to me, and I understand what it says. My questions (if any) have been answered. By pressing the "I agree" button, the survey will begin.

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