

ATTACHMENT F:

PARENT SELF-ENROLLMENT AND CONSENT INSTRUMENT

Please note: The name, email address and mailing address will be pre-filled and respondents are only asked to confirm that information.

FLASHE

Family Life, Activity, Sun,
Health, and Eating Study

[FAQs](#) | [Contact Us](#)

OMB # 0925-XXXX
Exp. Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by the National Cancer Institute (contact: FLASHEStudy@Westat.com) so we can learn about behaviors that might prevent cancer.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

Thank you for agreeing to participate in FLASHE!

We want to make sure we have the correct contact information for you. Please review the information below and make any needed corrections.

* indicates required field

*Email Address:

*Re-enter Email Address:

Prefix:

*First Name:

*Last Name:

Suffix:

*Address Line 1:

Address Line 2:

*City:

*State: -- Select a State --

*Zip Code: -

Check here if you would like to receive study information/notifications by text message (standard messaging rates will apply): (if checked, complete the below)

Cell/Mobile Number: - -

Service Provider: -- Select a Service Provider --

Other Service Provider (enter the service provider address, i.e., "message.com"): @

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Before we can officially enroll you in the FLASHE study, we need to obtain your consent to participate. Please read the statements below, mark the appropriate selection, and click "Next" at the bottom of the screen.

There are some things you should know about FLASHE:

- Your participation is voluntary.
- You may stop your participation in the study at any time.

The purpose of the FLASHE activities is to conduct research on daily lifestyle behaviors that may affect health. This study involves your completion of two online surveys. You are one of 2,500 adults that will be participating in the surveys. One survey will focus on your physical activity and the other will focus on your eating habits. You will receive \$5 for each survey you complete. There are no health benefits to you for participation in FLASHE.

To protect your privacy:

- Your responses will be private to the extent allowed under the law and will not be shared with anyone, including [teen name].
- A secure server is used for all surveys completed online so your responses cannot be seen or accessed by unauthorized third parties.
- All responses will be given a code that will not be linked to your name or other personal information.
- Your answers will be grouped with those of other people who complete the surveys and you will not be individually identified.
- Reports from the study will not include your name or other information that could identify you.

Before consenting, if you have any questions about any part of this study or your rights as a participant click the "Contact Us" link above (you will be able to begin again after obtaining feedback from the study). Else, please indicate your consent to participate in the surveys:

- I consent to participate in the study surveys.
- I do not consent to participate in the study surveys.

NEXT

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