

ATTACHMENT G1:

**PARENTAL ENROLLMENT AND CONSENT INSTRUMENT FOR
ADOLESCENT**

FLASHES

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: FLASHESStudy@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.

Your teenager may also participate in FLASHES!

Please correct their name if necessary and provide the other information for them below.

* indicates required field

Prefix:

*First Name:

*Last Name:

Suffix:

*Your Relationship to Your Teen:

*Email Address to send Information to Your Teenager:

*Re-enter Email Address:

Check here if you would allow us to send study information/notifications to your teenager by text message (standard messaging rates will apply): (if checked, complete the below)

Cell/Mobile Number: - -

Service Provider:

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

NEXT

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FLASHE

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Before we can officially enroll your teenager, [teen name], into the FLASHE study, we need to obtain your permission for [him/her] to participate since [he/she] is under the age of 18. Please read the statements below, mark the appropriate selections, and click "Next" at the bottom of the screen.

The purpose of the FLASHE activities is to conduct research on daily lifestyle practices that may affect health. The first part of the study involves the completion of two online surveys by your teenager. Your teenager is one of 2,500 teenagers that will be included in this study. One survey will focus on your teenager's physical activity and the other will focus on your teenager's eating habits. Your teenager will receive \$5 for each completed survey. There are no health benefits to your teenager for participation in FLASHE.

To protect your teenager's privacy:

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

Before consenting, if you have any questions about any part of this study or your teenager's 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 permission for your teenager to participate in the survey portion of the study:

- I permit my teenager to participate in the study surveys.
- I do not permit my teenager to participate in the study surveys.

Your teenager **may** also be asked to participate in an additional portion of the study that will measure his/her physical activity and motion. Participation in this separate motion sensing study is completely voluntary and does not affect participation in the survey pieces of the study. A total of 900 teenagers will be participating in this part of the study. If selected, your teenager will be asked to wear a wrist accelerometer (a monitor that records body movement) for seven days in a row and to complete a log recording when he/she wore the accelerometer. After the seven-day 'wear' period, your teenager will be asked to return the accelerometer and log in a pre-paid envelope that will be provided. Your teenager will receive [\$20/\$40] for participation in the motion sensing study. Although wearing the monitor may cause some minor discomfort, the device does not cause any pain or harm. [Click here for additional information about the motion sensing device.](#)

Please indicate your permission for your teenager to participate in the Motion Study portion of FLASHE:

- I permit my teenager to participate in the motion study.
- I do not permit my teenager to participate in the motion study.

Please click the "Next" button below to officially record your permission. Your teenager will also be asked to provide [his/her] assent (approval) before any surveys or motion sensing device (if selected) are sent to [him/her].

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