

ATTACHMENT F  
Consent Form

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## Consent Form

[LOGOS: HHS and IPSOS]

[PARTICIPANT ASKED SCREENER QUESTIONS PRIOR TO CONSENT]

### **Introduction**

We would like you to take part in an online survey about your knowledge of male and female fertility and your views on having children. About 3,000 young adults (18 to 29 years) in the United States are being randomly selected and invited to take part in this study.

### **What is the purpose of this study?**

The survey is being conducted by the U.S. Department of Health and Human Services (HHS) Office of Population Affairs (OPA) to learn about what young men and women know about human fertility and their views on having children.

### **What does my participation involve?**

You will be asked to answer questions on an online survey. Please answer these questions on your own and in private. The survey will take about 20 minutes to complete. You will be asked about your:

- Knowledge of female and male fertility issues
- Views on having children and intentions or goals for having children
- Use of alcohol and cigarettes
- Health insurance coverage and use of medical care services
- Personal experiences with sex and pregnancy
- Individual characteristics (examples: race, ethnicity, marital/relationship status)
- If applicable, use of birth control methods

### **Can I change my mind about participating?**

Yes. Participating in the survey is voluntary. While all of your answers are important to the study, you may stop at any time. This will not affect your ability to participate in future surveys.

### **What are the possible benefits and risks of participating in the study?**

Participating in this survey will not benefit you directly. However, your answers will be used to better understand young people's knowledge about fertility and views on having children, and to provide them with information to help them make better decisions for themselves.

Taking this survey involves no risk of injury. You might feel embarrassed or uncomfortable reading or answering one or more of the survey's questions about pregnancy, sexual activity, contraceptive use, or alcohol use. If any questions make you embarrassed or uncomfortable, you may skip them or take a break. The only exception is that there are a few questions near the beginning of the survey about your biological ability to have children, your sex as recorded on your birth certificate, and your age. You must answer these questions in order for the survey to proceed. If you choose to skip these items, you will not be able to complete the survey.

### **How will you protect my privacy?**

- The survey will not collect any information that can link you personally to your answers (such as your name, address, e-mail address)
- The personal identifying information (name, address, e-mail address) that you have already shared as part of your membership in [*KnowledgePanel* OR *YouthPulse Panel*] will not be shared with the study researchers or the study sponsor.
- You will never be identified in any analysis, reports, or publications based on your responses, and no one will try to sell you anything.

### **How will you keep my information confidential?**

Ipsos has processes in place to keep answers to surveys confidential. You can answer the survey questions on a computer, laptop, tablet, or smartphone. Although the guarantee of confidentiality of data transmitted on the Internet cannot be absolute, your answers will be transmitted and saved in a secure way to prevent viewing by anyone who does not have permission to do so, and to prevent loss, alteration, or misuse of your answers.

A Certificate of Confidentiality has been obtained from the Federal Government for this study to help insure your privacy. This Certificate means that the researchers may not 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 from voluntarily releasing information about yourself or your involvement in this research. The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or program evaluation by the agency (Office of Population Affairs) funding this study. The Certificate of Confidentiality will not be used to prevent disclosure for any purpose you have consented to in this informed consent document.

### **Who will see the information that I give?**

Before the researchers and federal sponsor receive the data, Ipsos will remove information that identifies you (like name or email) and combine your responses with the responses of other people taking the survey. To be clear, the researchers will not receive identifying information like name or email from Ipsos. When the researchers analyze and write up the combined results of the survey to share with the federal sponsor and other researchers, they will write about the combined information and not individual survey respondents. You will not be identified in any published or presented materials. Sometimes there are opportunities for researchers to use data from previous studies or to share data with each other if they are conducting similar research. For these reasons, the study researchers or federal sponsor may use or share the combined data from this study for future research. We will not ask for your additional consent for such research.

### **Will I receive anything for participating in this study?**

[IF KP PANELIST: In appreciation for completing the survey, you will receive 5,000 points (\$5 equivalent), which will be credited to your account.]

[IF YP PANELIST: In appreciation for completing the survey, you will receive \$10.]

**Who can I contact if I have additional questions?**

If you have any questions about taking part in this survey, you can contact the *Panel Member Support Center* at the toll free number [1-800-782-6899](tel:1-800-782-6899) or send an e-mail to [support@knowledgepanel.com](mailto:support@knowledgepanel.com).

If you have any questions about this study, you may call Dr. Christina Fowler at 1-800-334-8571 (extension 23447). If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protections using toll-free number 1-866-214-2043.

By clicking on the box below, you give your consent to take part in this survey.

**Yes, I agree to take part in this study.**

**No, I do not agree to take part in this study.**

**THANK YOU**