OMB Control No. 0920-1154 Exp. Date 3/31/2026

The public reporting burden of 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 - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATTN: PRA (0920-1154).

LGBTQ+ TEEN CONSENT FORM

Sponsor / Study Title: CDC NCIPC Adolescent Mental Health Journey Mapping Project

Principal Investigator: Catherine Lesesne, PhD, MPH

Telephone: 404-270-0513

Address: 191 Peachtree St NE Ste 2000, Atlanta, GA 30303

[PAGE 1: Project Background]:

We are asking you to take part in an interview, focus group, or brainstorming session about teen mental health. We are looking to speak with up to 206 teens ages 13 to 17 who identify as girls or nonbinary (hereafter "girls") and live in rural areas in the US. Specifically, we want to learn more about how easy or hard it is for teens to access mental health tools and services and how to do this better. We would also like to know how teens think about mental health and how their location may change their experiences in accessing mental health care. This research is conducted on behalf of the Centers for Disease Control and Prevention (CDC).

The project offers three types of sessions:

- Interview: 60-minute conversation between one teen and 2-3 project team members
- **Focus Group**: 90-minute group conversation with teens, guided by the project team
- **Brainstorming Session**: 90-minute opportunity for teens to share feedback and ideas with the project team

The session questions ask about mental health topics. For some people, these topics may cause temporary discomfort or cause strong emotions. We do not anticipate any other risks in participating in the sessions. To reduce risk, we will remind participants that they do not have to answer any questions they do not want to answer, and we will provide a list of community mental health resources to all participants after the sessions.

We will record audio in the sessions. The team will use the recording to make sure our notes are correct and to summarize what we hear across all groups. Only our project team will have access to these recordings. The recordings will be deleted once our team updates the session notes. Nothing said in the sessions will be linked to you. The names of participants will never be used in reports of this research, and we will not share comments from teens with parents/guardians. The sessions will not ask questions about illegal substance use. If a participant mentions illegal substance use within the sessions, the project team will not report on this. We will keep your participation in this research study confidential to the extent permitted by law. However, if you are participating in a group discussion, we cannot guarantee your participation or things you may say will remain confidential and private. This is due to the chance that other participants may disclose information about the group to unknown others. We ask all participants to use only first names or fake names in all group discussions and to keep the

discussion in the group confidential to respect each other's privacy. Even with these steps taken, we cannot guarantee confidentiality. You should keep this in mind when choosing what to share in the group setting.

This project is for research only. Participants who attend any of the above sessions will receive a \$50 Visa gift card per session for their participation. Participation in these sessions is completely voluntary. You do not have to take part in any sessions. You can skip any questions they do not want to answer. You can stop or leave the session at any time by letting one of our team members know you would like to end the session. You will still receive the gift card even if you choose to end participation in a session.

If you participate in a virtual session, you must have a computer, tablet, or handheld device with a microphone and access to the Zoom app. The Zoom app is free for download and usage. If your computer does not have a microphone, you may use a phone to dial in to Zoom audio.

Please click continue/next below to share some more information about you by [INSERT DATE]. If we select you to join, we will contact you. The project team will confirm participation on a rolling basis and will attempt to ensure diversity across teen participants. This means that not all eligible teens will be invited to an interview, focus group, or brainstorming session depending on the distribution of the characteristics of teens who agree to participate. For these reasons, we will not select every teen to join even if you agree to participate.

If you have any questions, concerns, or complaints about the study, please contact Dr. Catherine Lesesne at 404-270-0513 or at injuryctrengage@cdc.gov. If you have any questions about your rights as a research subject, you may contact Solutions IRB by phone, toll-free, at 855-226-4472 or by email at participants@solutionsirb.com.

Please click NEXT to complete a short survey to share some more information about you.

[PAGE 2, Screening Survey]:

Based on your survey answers, the team may ask you to join an interview, focus group, or brainstorming session to learn about the mental health experiences of teens (ages 13-17) in rural areas.

- 1. How old are you (in years)?
 - ___ (whole number)
 - If less than 13 [Screen out and message shows: Unfortunately, you are not a match for this project. Thank you for your time.]
 - If between 13 and 17 [Continue to Q2]
 - If greater than 17 [Screen out and message shows: Unfortunately, you are not a match for this project. Thank you for your time.]
- 2. Which of the following best represents how you think of yourself?
 - Gay or lesbian
 - Straight, that is not gay or lesbian
 - Bisexual

 - I don't know
 - Prefer not to answer/Decline
- 3. How do you currently describe yourself? (Choose all that apply.)
 - Female
 - Male
 - Transgender
 - I use a different term: ______

- Prefer not to answer/Decline
- 4. What is your race or ethnicity? (Choose all that apply.)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Pacific Islander
 - White
- 5. Are you comfortable speaking English in a group setting with other teens?
 - Yes
 - No
 - I am not sure
- 6. Over the last 2 weeks, how often have the following thoughts or feelings bothered you? [never, rarely, sometimes, often, very often]
 - Feeling nervous, anxious, or on edge
 - Not being able to stop or control worrying
 - Little interest or pleasure in doing things
 - Feeling down, depressed, or hopeless
- 7. The project offers three types of sessions:
 - **Interview**: 60-minute conversation between one teen and 2-3 project team members
 - **Focus Group**: 90-minute group conversation with teens, guided by the project team
 - **Brainstorming Session**: 90-minute opportunity for teens to share feedback and ideas with the project team

Which session type are you interested in participating in? (Select as many as you're interested in.)

- Interview
- Focus Group
- Brainstorming Session

[PAGE 3, Appears if Teen is Eligible for Participation]:

Thank you for your responses! If you are selected to take part in a session, your time and efforts will help the CDC make better programs and services for teen mental health in the future. In order to follow up to schedule a session if you are selected, please confirm **your contact information**:

Write-in: < Capture name>

Write-in: < Capture email address>

Page 1:

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LGBTQ+ TEEN SCREENING SURVEY

Sponsor / Study Title: CDC NCIPC Adolescent Mental Health Journey Mapping

Project
Principal Investigator: Catherine Lesesne, PhD, MPH

Telephone: 404-270-0513

Address: 191 Peachtree St NE Ste 2000, Atlanta, GA 30303

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Please click NEXT to complete a short survey to share some more information about you.

2. Which of the following best represents how you t	hink of yourself?				
Gay or lesbian					
Straight, that is not gay or lesbian					
Bisexual I use a different term:					
I don't know					
Prefer not to answer/Decline					
3. How do you currently describe yourself? (Choose	all that apply.)				
Female					
Male					
Transgender					
I use a different term:■ Prefer Not to Answer/Decline					
Prefer Not to Answer/ Decline					
4. What is your race or ethnicity? (Choose all that a	pply.)				
American Indian or Alaska Native:					
Asian					
Black or African American					
Black or African American Hispanic or Latinx					
Black or African American Hispanic or Latinx Middle Eastern or North African Native Hawaiian or Pacific Islander White	tting with other teense	2			
Black or African American Hispanic or Latinx Middle Eastern or North African Native Hawaiian or Pacific Islander White Are you comfortable speaking English in a group se	tting with other teens	?			
Black or African American Hispanic or Latinx Middle Eastern or North African Native Hawaiian or Pacific Islander White Are you comfortable speaking English in a group se Yes			Sometimes	Often	Very Often
Black or African American Hispanic or Latinx Middle Eastern or North African Native Hawaiian or Pacific Islander White Are you comfortable speaking English in a group se Yes No Over the last 2 weeks, how often have the following	g thoughts or feelings Never	bothered you?			Very Often
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Black or African American Hispanic or Latinx Middle Eastern or North African Native Hawaiian or Pacific Islander White Are you comfortable speaking English in a group se Yes No Over the last 2 weeks, how often have the following feeling nervous, anxious, or on edge lot being able to stop or control worrying little interest or pleasure in doing things	g thoughts or feelings Never	bothered you? Rarely			0
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Your Name	
Your Email	
Submit Survey	