ADULT CONSENT—FTF & Multimode (English)

You have been selected to participate in the National Survey of Family Growth (NSFG). This study is being done for the U.S. National Center for Health Statistics by RTI International (RTI), a nonprofit research organization. The NSFG survey asks questions about a wide range of topics, including pregnancies and births, marriage and cohabitation, sexual experience, family planning, parenting, infertility, and adoption. The information will be used to help understand health and health behaviors in the U.S. The survey will only ask questions that apply to you. The survey lasts about [FILL IF FEMALE: 75; IF MALE: 50] minutes. Answers to the questions will be entered [FILL IF WEB: online; FILL IF FTF: into a tablet computer.]

You have been scientifically selected to represent thousands of other people across the country. Your participation is very important because it helps the study to be accurate for people like yourself. For your help in this study, you will receive $ [FILL AMOUNT] as a token of appreciation. This monetary token of appreciation is not based on your time spent on the survey.

By Federal law, the answers you give are confidential*. We take all possible steps to protect your privacy. Your answers will be used for statistical research only. Information is only presented in summary form. Individuals or families cannot be identified. To keep your answers confidential, it is important to do the survey in a private setting. [FILL IF FTF: This brochure, which you may have seen earlier, answers questions people sometimes ask about the study.] [FILL IF WEB: The brochure you received in the mail with your survey log-in information answers questions people sometimes ask about the study.]

Your participation in this study is completely voluntary. Saying yes or no to taking part in the study will not change any benefits you get now or in the future. For most people, the study is interesting and enjoyable. Some of the questions in the survey may be sensitive for some people. You may choose not to answer any question for any reason, and you may stop the survey at any time.

You may have questions about your rights as a participant in this study. If so, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Study Number **2021-XX.** Your call will be returned as soon as possible. If you have other questions about the NSFG, you may call Dr. Anjani Chandra or Dr. Gladys Martinez, toll-free, at NCHS: **1-866-227-8347,** or visit the NSFG webpage: www.cdc.gov/nchs/nsfg.htm.

Thank you again for being part of our study.

**One important law that protects your confidentiality is Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)). The other two laws are the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title III of Public Law 115-435) and the Privacy Act of 1974 (5 U.S.C. 552a). Section 306 of the Public Health Service Act (42 U.S.C. 242k) allows us to carry out this survey. Transmissions across the internet into Federal information systems may be monitored for cybersecurity purposes in accordance with the Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note).*

PARENT/GUARDIAN PERMISSION—FTF & Multimode (English)

Your teenager has been selected to participate in the National Survey of Family Growth (NSFG). This study is being done for the U.S. National Center for Health Statistics by RTI International (RTI), a nonprofit research organization. The survey has questions on a wide range of topics, including family life, marriage, family planning, sexual experience, pregnancy, health and health care. The survey will only ask questions that apply to your teenager. The information will be used to help understand health and health behaviors in the U.S. The survey lasts about 45 minutes. Answers to the questions will be entered [FILL IF WEB: online; IF FTF: into a tablet computer].

Your teenager has been scientifically selected to represent thousands of other teenagers across the country. Your teenager's participation is very important and helps the study results to be accurate for all teenagers. Your teenager will receive $[FILL AMOUNT] as a token of appreciation for their help in this study. This monetary token of appreciation is not based on your teenager's time spent on the survey.

By Federal law, your teenager's answers are confidential*. We take all possible steps to protect your teenager's and your family's privacy. Your teenager's answers will be used for statistical research only and will not be shared with you or other family members. Information is only presented in summary form. Individuals or families cannot be identified. To keep your teenager's answers confidential, it is important they do the survey in a private setting. [FILL IF FTF: This brochure, which you may have seen earlier, answers questions people sometimes ask about the study.] [FILL IF WEB: The brochure you received in the mail with your survey log-in information answers questions people sometimes ask about the study.]

Giving your permission does not mean that your teenager has to do the survey. It just means that we have your permission to ask your teenager to participate. Your teenager is free to decide to do the survey or not. Saying yes or no to taking part in the study will not change any benefits you or your teenager gets now or in the future. For most people, the survey is interesting and enjoyable. Some of the questions in the survey may be sensitive for some people. Your teenager may choose not to answer any question for any reason and may stop the survey at any time.

You may have questions about your teenager's rights as a participant in this study. If so, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Study Number **2021-XX**. Your call will be returned as soon as possible. If you have other questions about the NSFG, you may call Dr. Anjani Chandra or Dr. Gladys Martinez, toll-free, at NCHS: **1-866-227-8347**, or visit the NSFG webpage: www.cdc.gov/nchs/nsfg.htm.

I have read the study letter and brochure. You may ask my teenager to take part in the study.

_____ _____

Parent's/Guardian's Signature Parent's/Guardian's Name (PLEASE PRINT)

_____

Teenager's Name (PLEASE PRINT)

**One important law that protects your confidentiality is Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)). The other two laws are the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title III of Public Law 115-435) and the Privacy Act of 1974 (5 U.S.C. 552a). Section 306 of the Public Health Service Act (42 U.S.C. 242k) allows us to carry out this survey. Transmissions across the internet into Federal information systems may be monitored for cybersecurity purposes in accordance with the Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note).*

MINOR ASSENT (AGE 15-17)—FTF & Multimode (English)

You have been selected to participate in the National Survey of Family Growth (NSFG). Your parent or guardian says that you may take part. This study is being done for the U.S. National Center for Health Statistics by RTI International (RTI), an organization that conducts research. The survey has questions on a wide range of topics including family life, marriage, family planning, sexual experience, pregnancy, health and health care. The survey will only ask questions that apply to you. The information will be used to help understand teen and adult health and health behaviors in the United States. The interview lasts about 45 minutes. Answers will be [FILL IF WEB: entered online; FILL IF FTF: put into a tablet computer].

You have been scientifically selected to represent thousands of other teenagers in the U.S. To thank you for your help in this study, we are offering you $[FILL AMOUNT]. This monetary token of appreciation is not based on your time spent on the survey.

By Federal law, the answers you give are confidential*. We take all possible steps to protect your privacy. We will not share them with your parents or other family members. Your answers will be used for statistical research only. Information is only presented in summary form. Individuals or families cannot be identified. To keep your answers private, [FILL IF WEB: complete the survey in a private location; FILL IF FTF: we will do the interview in private]. [FILL IF FTF: This brochure answers questions people sometimes ask about the study.] [FILL IF WEB: The brochure you received in the mail with your survey login information answers questions people sometimes ask about the study.]

It's your choice to do the survey or not. Saying yes or no to taking part in this study will not change any benefits you get now or ever. For most people, the survey is interesting and enjoyable. Some of the questions in the survey may be sensitive for some people. You do not have to answer any questions you do not want to answer. You can stop at any time.

You may have questions about your rights as a participant in this study. If so, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free, at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Study Number **2021-XX.** Your call will be returned as soon as possible. If you have other questions about the NSFG, you may call Dr. Anjani Chandra or Dr. Gladys Martinez, toll-free, at NCHS: **1-866-227-8347**, or visit the NSFG webpage: www.cdc.gov/nchs/nsfg.htm.

If you agree to take part in this study, please sign this form. Thank you again for being part of our study.

I have read this assent form. I agree to take part in the survey.

[FILL IF FTF: I received the $[FILL AMOUNT] token of appreciation. ☐

I refused the $40 token of appreciation. ☐]

_____ _____

Respondent's Signature Respondent's Name (PLEASE PRINT)

[FILL IF FTF:

_____

Interviewer's Signature]

**One important law that protects your confidentiality is Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)). The other two laws are the Confidential Information Protection and Statistical Efficiency Act (CIPSEA, Title III of Public Law 115-435) and the Privacy Act of 1974 (5 U.S.C. 552a). Section 306 of the Public Health Service Act (42 U.S.C. 242k) allows us to carry out this survey. Transmissions across the internet into Federal information systems may be monitored for cybersecurity purposes in accordance with the Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note).*