

Cape Town Adolescent Health Survey

Consent for Participation in Research Ages 16 and Older

Background/ Purpose:

You are one of about 1500 students we have asked to take part in the “Adolescent Health Survey”. We are asking for your assent to take part in this survey.

The purpose of the research study is to learn how much students know about HIV and also how students make decisions about sex. We also want to know how students use the Internet and cell phones to see if we can create an HIV prevention program using these technologies.

Survey questions will include the information you have about sex and HIV, the reasons why you make certain decisions about sex and dating relationships, and the skills you may and may not have to keep yourself healthy, whether or not you have HIV. Questions also will include how you use mobile phones and the internet. We also will ask you questions about how you feel about yourself, your family and friends, and your thoughts about the future. There will also be many questions about health. We will ask about where you find health information, and if you have used health services.

Procedures:

You will do the survey by yourself in a classroom setting. It will take you about one hour to do the survey. We shall make sure that there is enough room where no one can see your answers. The headmaster or headmistress and teachers will not be present.

Risks and Discomforts:

You might feel tired during the survey. Some of the questions might make you feel shy or uncomfortable. If this happens, you can (a) leave such questions blank (b) take a rest, or (c) stop completely and hand in the survey. If you become upset by any of the questions, contact the researcher listed on the first page of this form.

Potential Benefits:

There are no direct benefits to you for doing the survey. We hope that the results of the survey will help us design future HIV prevention programs for students in South Africa to prevent HIV.

Confidentiality:

Your confidentiality will be protected. We will not ask you to give us your name or other information that could identify you in the survey program. This way, no one will be able to connect your answers to you as a person.

We will not tell your parents, your teachers at school, or anyone else what your answers to the survey questions are. When we talk about your survey answers in reports or articles, nothing will be used to identify who you are.

Compensation:

You shall not be paid to participate in the survey.

Questions and Contact Numbers:

If you have questions about this survey, you may contact [Name], the Study Coordinator on telephone number: [telephone number] or you may visit him at the study offices located at [location].

If you have questions about your rights as a research subject, you may call [local IRB contact] on telephone number [telephone number]

Rights of Refusal and Withdrawal:

Your participation is important.

It is your choice whether to do the survey or not. You can choose to take part; or not to take part.

If you choose to take part, you can skip a question in the survey if you do not want to answer it. You can change your mind about taking the survey at any time, including during the survey itself.

The decision to not participate will not change your marks in school or access to any future medical care.

Signatures:

If you choose to take the survey, please sign below.

Signature of the Student

Date