

Growing up with Media
Adult Consent for Self and Permission for Child to Participate in Research
Wave 6

Before we begin, we ask that you read the following consent form. Please read it carefully.

Background/ Purpose

You and your [INSERT FROM Q690] who was [INSERT CHILD AGE FROM Q607]-years-old at that time participated in the Growing Up With Media survey in August/September 2006. [INSERT HIS/HER FROM Q700] name or initials are [INSERT CHILD'S FIRST NAME FROM Q609]. The results of the study have been so important that we are continuing the survey.

The purpose of the study is to better understand why some kids have healthy relationships while others have unhealthy relationships, and how media may or may not influence this. To understand this issue, some of the questions we ask are sensitive. Types of questions include things like exposure to violence (including sexual violence), involvement in physical and verbal abuse in romantic relationships, and related content seen on TV, the Internet, video games, and movies. We also will ask about things like substance use such as drinking and smoking and experiences with sexual pictures. The results of this study will help researchers design programs that will help young people make healthy choices and live healthier lives.

Procedures

You are one of about 1,600 parents or guardians and their children who are being asked to take part in the "Growing Up With Media Year 6" survey. The first part of the survey is for parents and will take about 15 minutes. When you are finished, please ask your [INSERT FROM Q690] to come to the computer to complete [INSERT FROM Q698] survey. If it is not a good time for your [INSERT FROM Q690], [INSERT FROM Q697] may choose to complete it later. It will take your [INSERT FROM Q690] about 30 minutes to take the survey.

It is very important that you and your [INSERT FROM Q690] take the survey in a place that is private. You should feel comfortable answering the questions honestly. Your [INSERT FROM Q690] will not be able to see your answers when [INSERT FROM Q697] does [INSERT FROM Q698] survey. Just as importantly: Please do not watch your [INSERT FROM Q690] or try to tell [INSERT FROM Q699] how to answer any question.

Incentives

You will receive a \$30 check and your [INSERT FROM Q690] will receive a \$35 gift certificate after you have gone through the entire survey. If you complete the survey and your [INSERT FROM Q690] chooses not to participate, we will still mail you a check for your time.

Risks and discomforts

Taking these surveys will not help or hurt you or your [INSERT FROM Q690]. It is possible that some people might feel uncomfortable answering some questions. If you wish to review the survey questions before proceeding, or if any questions or concerns arise regarding the survey questions, please contact Dr. Michele Ybarra, at 1-877-302-6858 or Michele@ISolutions4Kids.org.

Benefits

Your answers help us to better understand things that teens and young adults are doing so that we can help them live more healthy lives. Your participation is very important.

Rights of refusal and withdrawal

Your and your [INSERT FROM Q691] participation is completely voluntary. You can choose not to take part in the research study at any time. If you choose not to take part, your child cannot take part. If you choose to stop taking part in the research study, please call or email the principal investigator so that she can take you off of the list of participants and you will not be recontacted. Your [INSERT FROM Q690] also has the right not to take part in the research study; [INSERT FROM Q697] can choose to stop taking part in the research study at any time. Choosing not to take part will not in any way harm you or your [INSERT FROM Q690].

You and your [INSERT FROM Q690] may skip any question you or your [INSERT FROM Q690] do not want to answer for any reason.

Confidentiality

All of the answers you and your child give will be kept private. The answers will be stored in a secure location and will not have information identifying you or your [INSERT FROM Q690]. Only key study personnel will have access to your personal information. No parent or child will ever be listed by name in a report of the results.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the Centers for Disease Control and Prevention. With this Certificate, we cannot be forced to share information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal administrative legislative, or other proceedings. We will use the Certificate to refuse to give anyone information that will identify you, except when you tell us it is okay to do so. But in the unlikely event that you tell us that you are currently abusing or planning to abuse a child, or you're planning to harm yourself or another person, **then** under **applicable** law we **may be required to** report this information to the appropriate authorities.

Questions and contact numbers

If you have questions about the research study or would like to receive a full copy of the survey instrument, please contact:

- The principal investigator, Dr. Michele Ybarra, at 1-877-302-6858 or Michele@ISolutions4Kids.org.

If you have questions about your rights or your [INSERT FROM Q691] rights as a participant in research, or if you feel that you or your [INSERT FROM Q690] have been harmed in any way by taking part in this research study, please contact:

- By mail:
Study Subject Adviser
Chesapeake Research Review, Inc.
7063 Columbia Gateway Drive, Suite 110
Columbia, MD 21046
- or call collect: 410-884-2900
- or by email: adviser@irbinfo.com

Please reference the following number when contacting the Study Subject Adviser: Pro00004131.

If you feel very sad or upset after taking this survey, please talk to someone. You can:

- Call the National Mental Health Information Center for help finding a mental health professional in your area. Call toll-free at: 1-800-789-2647 or visit them online at <http://www.mentalhealth.org/>. The phone call and information is free.
- Call the RAINN (Rape Abuse and Incest National Network) Hotline anytime at: 1-800-656-HOPE, or get help on their online hotline at <http://www.rainn.org/>.

If you are in serious distress right now or at any time, such as thinking about hurting yourself, we urge you to contact the National Suicide Prevention Hotline at: 1-800-273-TALK (8255).

Your consent

Please print out the contact information now. You may also find the contact information in the email that we sent to you with the survey link.

Do you want to take this survey? By selecting “Yes”, you agree to participate in the research study and also let your [INSERT FROM Q690] take the survey. If you choose not to take the survey, we have just a few more questions for you.

- 1 Yes, I agree to take the survey and I will let my [INSERT FROM Q690] take the survey.
- 2 No, I do not agree to take the survey and my [INSERT FROM Q690] may not take part in the survey.

BASE: PARENT DOES NOT AGREE TO PARTICIPATE

We thank you for your time and respect your decision not to participate in the Growing Up With Media Wave 6 survey. To help us design future surveys, please tell us why you decided not to take the survey.