

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Parent Consent Form

STUDY TITLE: Understanding economic and social health for youth

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ABOUT THIS CONSENT FORM

You are being invited to participate in a research study. **It is important that you carefully think about whether being in this study is right for you and your situation.**

This consent form is meant to assist you in thinking about whether or not you want to be in this study. **Please ask the investigator or the study staff to explain any information in this consent document that is not clear to you.**

Your participation is voluntary. You may decide not to participate in this study. If you do participate, you may withdraw from the study at any time. Your decision not to take part or to withdraw will involve no penalty or loss of benefits to which you are otherwise entitled.

AN OVERVIEW OF THE STUDY AND KEY INFORMATION

Why is this study being done?

The purpose of this research study is to find out about youth's experience with the conditions of daily life and how that impacts their wellbeing. We think that economic and social health disparities may be related to wellness. We are doing this study to find out what problems or challenges youth have and about the good things in their lives. The study will also try to find out how adults can help youth and their families. This study will allow us to learn more about it.

What will happen if you participate?

In this study, you will be asked to:

1. Answer questions about yourself, your child and their experiences growing up, and what life is like now.
2. Parent/guardian will also answer some questions about their child's health.
3. There are no right or wrong answers in a study. We simply want to know more about you and your life.

4. There will be other youth who complete the study and when we report the results everyone is grouped together so no one person is singled out.

Your participation in this study will last no longer than 15 minutes.

What are the risks and benefits of participating?

There are both risks and benefits of participating in research studies.

Risks and Discomforts	Benefits to You and Others
<ul style="list-style-type: none"> • Participation in research might involve some loss of privacy. There is a small risk that someone outside the research study could see and misuse information about you. • Sometimes answering questions about these things makes people upset or uncomfortable. You do not have to answer any question or talk about anything you do not want to talk about. You can leave the study at any time. 	<p>This study will help us learn more about youth and how they experience the world. Your contribution however can potentially help us better serve other youth.</p>

CAN I STOP BEING IN THE STUDY?

You can stop being in this research study at any time. Leaving the study will not affect your medical care, employment status, or academic standing at VCU or VCU Health. Tell the study staff if you are thinking about stopping or decide to stop.

HOW WILL INFORMATION ABOUT ME BE PROTECTED?

VCU and the VCU Health System have established secure research databases and computer systems to store information and to help with monitoring and oversight of research. Your information may be kept in these databases but are only accessible to individuals working on this study or authorized individuals who have access for specific research related tasks.

Identifiable information in these databases are not released outside VCU unless stated in this consent or required by law. Although results of this research may be presented at meetings or in publications, identifiable personal information about participants will not be disclosed.

We will not tell anyone the exact answers you give us, but we will share a summary of what you share with your provider.

If you tell us that you may hurt yourself or someone else, the law says that we must let people in authority know.

In the future, identifiers will be removed from the information you provide in this study, and after that removal, the information could be used for other research studies by this study team without asking you for additional consent.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS ABOUT THE STUDY?

The investigator and study staff named below are the best person(s) to contact if you have any questions, complaints, or concerns about your participation in this research:

Dr. Kaprea Johnson at johnsonkf@vcu.edu or 804-828-0617.

If you have general questions about your rights as a participant in this or any other research, or if you wish to discuss problems, concerns or questions, to obtain information, or to offer input about research, you may contact:

Virginia Commonwealth University Office of Research
800 East Leigh Street, Suite 3000, Box 980568, Richmond, VA 23298
(804) 827-2157; https://research.vcu.edu/human_research/volunteers.htm

Do not check this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

STATEMENT OF CONSENT

I have been provided with an opportunity to read this consent form carefully. All of the questions that I wish to raise concerning this study have been answered. By checking this consent form, I have not waived any of the legal rights or benefits to which I otherwise would be entitled. My electronic consent indicates that I freely consent to participate in this research study. I will receive a copy of the consent form for my records.

Please check below if you consent to participating in this study.

Adult Participant Name (Typed):

Yes, I agree to participate ____

No, I do not want to participate ____

Date:

Principal Investigator: Dr. Kaprea Johnson

Approved by the VCU IRB on 11/18/2019