

## Consent to Participate in Research

**Title of Research Study:** Technology-Enabled Prevention Services for At-Risk Youth

**Principal Investigator:** [REDACTED]

**Supported By:** This research is supported by Northwestern University and the National Institute of Mental Health.

### Key Information about this research study:

The following is a short summary of this study to help you decide whether to be a part of this study. Information that is more detailed is explained later on in this form.

- This study is part of a series of studies aimed at developing a smartphone application (app) to help adolescents understand and deal more effectively with stress and anxiety.
- The purpose of this study is to evaluate the usability of a teen smartphone app for anxiety and stress currently under development.
- You will be asked to complete an interview with a member of the research staff, complete tasks on the smartphone app, and answer questionnaires about your experience using the app.
- We expect that the session will take about 60 minutes.
- Your participation does not involve any significant risks. You may feel emotional discomfort talking about stress and anxiety.
- You are not likely to have any direct benefit from being in this research study. One potential benefit is that the knowledge gained from this study may inform the design of resources to help adolescents with stress and anxiety.

### Why am I being asked to take part in this research study?

We are asking you to take part in this research study because you are a teen that visits the [REDACTED] Public Library.

### How many people will be in this study?

We expect about 10 people will be in this research study.

### What should I know about participating in a research study?

- Someone will explain the research study to you.
- You do not have to be in this study if you do not want to.
- It is up to you if you want to participate.
- You can choose not to take part and change your mind later if you want.
- Your choice will not be held against you.
- You can ask all the questions you want before you choose.

### What happens if I say, “Yes, I want to be in this research”?

If you agree to join this study, you will participate in a semi-structured interview with a member of the research staff. They will ask you to review the app currently under development and complete tasks using the app. After completing tasks, you will be asked about your thoughts and ideas on using the app.

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You will be asked to complete this interview in person at the [REDACTED] Public Library. We will ask to video record the session as a requirement of your participation. These recordings will allow researchers to go back and review the sessions and information to inform the development of the technology.

### Is there any way being in this study could be bad for me?

There is nothing bad that will happen to you, although you may feel uncomfortable with some of the questions I ask about emotions, like stress and anxiety. You can skip any questions you do not want to answer and you can stop at any time.

### What happens if I do not want to be in this research, or I change my mind later?

Participation in research is voluntary. You can decide to participate or not to participate. If you do not want to be in this study or leave the study at any point, your decision will not affect your relationship with Northwestern University or the [REDACTED] Public Library. You can leave the research at any time and it will not be held against you. Your authorization of the use of your information will never expire unless you change your mind. Even if you end your permission, the researcher may use your personal information that was collected prior to you stopping permission.

### How will the researchers protect my information?

If you choose to be a part of the study, all of your responses will be kept private. That means that your personal information, like your name and email, will be removed from the information you share in the usability sessions. We call this de-identifying the data because your file will only have your answers from the usability sessions and not any of your personal information. We will take your de-identified answers and combine them with other teens' answers who also took part in the usability sessions. Once all those answers are together, we are able to analyze the data, this can include looking to see how the answers are the same and how they are different. This bigger file with all the answers from the teens who took part in the study may be shared with our study sponsor. Recordings of sessions will be deleted once analyzed and/or transcribed; transcribing is where the words from the audio recordings are made into readable text and saved in an electronic file. You will have the choice to be a part of activities where we share the results of the study, such as presentations at conferences.

The servers where the data will be stored are controlled and monitored by the NUIT Research Data Center. The data center has controlled access, and the server is on secure data networks behind managed firewalls. The server is also monitored for service interruptions. Only people who are on NU networks can log in and look at the data, and it is encrypted so that only the staff on our team have access to the data. Study records that can identify you are kept private through use of a number we assign to each participant. All information will be kept on a password protected computer that can only be used by the research team.

### Certificate of Confidentiality:

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot release or use information, documents, or samples that may identify you in any action or suit unless you say it is okay. They also cannot provide them as evidence unless you have agreed. This protection includes federal, state, or local civil, criminal, administrative, legislative, or other proceedings. An example would be a court subpoena.

Identifiable information that could still be disclosed beyond the research team: The Certificate does not stop reporting that federal, state or local laws require. Some examples are laws that require reporting of

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child or elder abuse, some communicable diseases, and threats to harm yourself or others. The Certificate cannot be used to stop a sponsoring United States federal or state government agency from checking records or evaluating programs. The Certificate does not stop disclosures required by the federal Food and Drug Administration (FDA). The Certificate also does not prevent your information from being used for other research if allowed by federal regulations.

Researchers may release information about you when you say it is okay. For example, you may give them permission to release information to insurers, medical providers or any other persons not connected with the research. The Certificate of Confidentiality does not stop you from willingly releasing information about your involvement in this research. It also does not prevent you from having access to your own information.

### Who will have access to the information collected during this research study?

Efforts will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy.

There are reasons why information about you may be used or seen by other people beyond the research team during or after this study. Examples include:

- University officials, government officials, study funders, auditors, and the Institutional Review Board may need access to the study information to make sure the study is done in a safe and appropriate manner.
- Collaborating researchers at other institutions who are involved with this study.
- The research team may give information to appropriate authorities for reasons of health and safety – for example, if you indicate that you plan to harm yourself or others, or for public health reasons.

### How might the information collected in this study be shared in the future?

We will keep the information we collect about you during this research project for study recordkeeping and potential use in future research projects. De-identified data from this study may be shared with the research community, with journals in which study results are published, and with databases and data repositories used for research. We will remove any personal information that could directly identify you before the study data are shared. Despite these measures, we cannot guarantee anonymity of your personal data. The results of this study could be shared in articles and presentations, but will not include any information that identifies you unless you give permission for use of information that identifies you in articles and presentations, only as applicable.

### Will I be paid or given anything for taking part in this study?

If you agree to take part in this research study, we will pay you \$25 for your time and effort. You will be paid at the end of the session, and you will be paid in cash. The study number for this project is:

### Here is who you and your child can talk to:

If you have questions, concerns, or complaints, you can talk to the Principal Investigator, [REDACTED]  
[REDACTED] This research has been reviewed and

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approved by an Institutional Review Board (“IRB”). You may talk to them at (312) 503-9338 or [irb@northwestern.edu](mailto:irb@northwestern.edu) if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

**Optional Elements:**

The following research activities are optional, meaning that you and your child do not have to agree to them in order for your child to participate in the research study. Please indicate your permission for your child to participate in these optional activities by placing your initials next to each activity. Your child will have the opportunity to agree or disagree with the same elements after you have indicated what you are willing to give permission for:

Parent:

I agree      I disagree

The researcher may use audio and video recordings from this study in scholarly presentations or publications when showing your child’s face or their voice might serve to help other professionals understand the research. My child may be identifiable as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification.

\_\_\_\_\_

The researcher may contact me in the future to see whether I am interested in my child participating in other research studies by the principal investigator of this study.

\_\_\_\_\_

Child:

I agree      I disagree

The researcher may use audio or video recordings from this study in scholarly presentations or publications when showing your face or your voice might serve to help other professionals understand the research. I may be identifiable as part of this activity, although the researcher will attempt to limit such identification. I understand the risks associated with such identification.

\_\_\_\_\_

The researcher may contact me in the future to see whether I am interested in participating in other research studies by the principal investigator of this study.

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**Study Participation:**

Do you wish for your child to participate?      Record participant’s response:      Yes      No

Do you wish to participate?      Record participant’s response:      Yes      No

Participant Study Number or Name:

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My signature below documents that the information in the permission document and any other written and verbal information was accurately explained to, and apparently understood by, the parent and child, and that permission was freely given by the parent for their child's participation in this study, and the child's permission was freely given for their own participation in this research study.

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Signature of person obtaining assent

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Date/Time

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Printed name of person obtaining assent