**CAREGIVING: STRESSES AND SUPPORT**

Assent to Participate in a Research Study (13 - 17 year olds)

**Principal Investigator:**

John Jones, Ph.D., Department of Psychology, University of Michigan

**Co-Investigator:**

Sarah Smith, Ph.D., Department of Psychology, University of Michigan

**Overview and purpose**

Having a relative who is ill and needs extra care can be challenging. We are asking you to be part of a research study. We want to learn ways to provide better support services for the people who take care of others who are ill. We also want to help the families of these caregivers. We contacted your family because your parent attended a meeting of the UM Caregivers Support Group.

We plan to ask 50 children between the ages of 13 and 17 to participate in our research. This study is funded by the National Institutes of Health.

**Description of your involvement**

If you agree to be part of this study at least one of your parents must give his or her permission. You will talk to an interviewer about how this experience affected you. An interviewer will come to your home to talk with you when it is convenient for you and your parent. The interview will take about 45 minutes. We would like to audiotape the interview to make sure that our conversation is recorded accurately. But, you can still be a part of the study if you don’t want to be audiotaped.

**Benefits**

You may not receive a direct benefit from participating. We hope that what we find out in this study will help us to create better support services for other families.

**Risks and discomforts**

Sometimes, answering questions about this time in your family’s life may be uncomfortable. You can choose not to answer a question or you may stop the interview at any time. Just tell the interviewer you want to stop.

**Incentive to be in the study**

We will pay you $30 for doing the whole interview. If you decide to quit before the interview is over, we will give you $15.

**Confidentiality**

We plan to publish the results of this study. We will not include any information that would identify you or your family member. We will keep your information safe. The audiotape and any notes of your interview will be placed in a locked file cabinet until we create a written word-for-word copy of the discussion. Then we will destroy the tapes. The researchers will enter the study data on a computer that is password-protected. Your real name and your family member’s name will not be used in the written copy of the discussion. We plan to keep this study data to use for future research about caregivers.

There are some reasons why people other than the researchers may need to your information. The people work for organizations that make sure our research is done safely and properly. The organizations include the University of Michigan, government research offices, or the study sponsor, the National Institutes of Health. Also, if you tell us something that makes us believe that you or others have been or may be physically harmed we may report that information to the appropriate agencies.

**Voluntary nature of the study**

It is completely up to you whether you want to be in the study. Even if your parents say you can talk to us, you do not have to do so. Even if you say yes, you may change your mind and stop at any time. You may also choose to not answer a question for any reason.

**Contact information**

If you have questions about this research, including questions about the scheduling the interview or compensation for participating, you can contact John Jones, Ph.D., University of Michigan, Department of Psychology, 123 East Hall, Ann Arbor, MI 48104,

(866) 123-4567, madeup@umich.edu.

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and

Behavioral Sciences Institutional Review Board, 2800 Plymouth Rd., Bldg. 520, Room 1169, Ann Arbor, MI 48109-2800, (734) 936-0933 or toll free, (866) 936-0933, irbhsbs@umich.edu.

**Assent**

By signing this document, you are agreeing to be in the study. We will give you a copy of this document and we will keep a copy in our study records. Be sure that we have answered your questions about the study and you understand what you are being asked to do. You may contact me if you think of a question later.

I agree to participate in this study.

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Signature Date

I agree to have my interview audiotaped.

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Signature Date