



Population Assessment of Tobacco and Health (PATH) Study Parent Consent and Permission for Youth Interview

Introduction

The Population Assessment of Tobacco and Health (PATH) Study is sponsored by the National Institutes of Health in collaboration with the Food and Drug Administration. Your and your child's participation is essential to the success of this important national study.

What is the purpose of the PATH Study?

The PATH Study will look at the use of tobacco and how it may affect the health of people in the United States. What we learn will help to improve the health of millions of people in the United States. You don't have to use tobacco to take part in the study.

What information will I be asked to provide?

The parent portion of the study takes about 15 minutes to complete and asks you about your child's education, your relationship with your child, what your child knows and how they feel about tobacco and any tobacco use.

Your participation is voluntary, you can skip any questions you don't want to answer, and you can stop the questionnaire at any time.

What are the possible benefits and risks of participating in the study?

Participating in the study may not have a direct benefit to you or your child. Information from the study may benefit the nation by improving health strategies. You may refuse to participate in any surveys. If you don't participate or if you stop participating, you will not lose any benefits. If you are in the study for a while and then stop, we won't ask for any more data from you. We will use the data already collected about you and your child.

The main risk, which is small, is your answers could be revealed. We take several steps to protect your privacy, and to prevent this from ever happening. Your information will be kept private and confidential. We do not link your answers to your name, address, or any other information that can identify you.

Will I receive anything for completing the survey?

As a thank-you, upon completion of the parent survey, \$15 will be loaded onto the debit card we sent with your invitation letter. You can receive additional thank you gifts for participating in future surveys and other study activities.

Consent

By selecting Yes and NEXT, you give your consent to answer questions about your child.

PERMISSION FOR YOUTH INTERVIEW

Introduction

We would also like your permission to ask your child to participate in the PATH Study. The youth questionnaire asks your child about different areas of life, including their attitudes, knowledge, and personal experiences with tobacco. Your child will also be asked about substance use, mental health, relationships with friends and family, and overall physical health.

What does my child's participation involve?

The survey asks your child questions about different areas of life, including their attitudes, knowledge, and personal experiences with tobacco and tobacco advertising. We will also ask about substance use, mental health, relationships with friends and family, and overall physical health.

The survey will be conducted in private and takes about 45 minutes to complete. Your child's participation is voluntary; they do not have to participate in the study, can skip any questions they don't want to answer, and can stop the questionnaire at any time. If your child stops participating in the PATH Study, we won't ask for any more data. We will use the data already collected.

What are the possible benefits and risks of participating in the study?

Participating in the study may not have a direct benefit to your child. Information from the study may benefit the nation by improving health strategies. If you don't want your child to participate, they will not lose any benefits. Your child must also agree to participate.

The main risk, which is small, is your child's answers could be revealed. We take several steps to protect your privacy and your child's privacy, and to prevent this from ever happening.

Will my child receive anything for completing the survey?

Upon completion of the youth survey, your child's debit card will be loaded with \$35 as a thank-you. In addition, your child will be provided with an electronic certificate of appreciation to recognize their efforts. Also, each year your child is in the study, they will receive up to \$10 as a thank-you when you update your child's contact information.

What other information will the PATH Study collect?

We may use your child's personal information (such as name, address, date of birth) in the future to get information from public health records, such as health registries, cancer registries, and vital statistics databases on your child's health. Health registries are part of public health agencies that collect information from hospitals, clinics, laboratories, and doctors' offices.

How will you protect my child's privacy?

Your child's information will be kept private and confidential. We do not link your child's answers to their name, address, or any other information that can identify them. The study has several safeguards in place to protect the identities of all participants. The information you provide will not be shared with your child; and information your child provides will not be shared with you, the child's school, or the authorities.

Whom can I contact if I have further questions?

If you have any questions about the study, you can contact Westat at 1-888-311-1819 or PATHInfo@westat.com.

If you have any questions about your rights and welfare as a PATH Study participant, call Westat's Human Subjects Protections Office at 1-888-920-7631. Please leave a message with your first name, the name of the research study that you are calling about (The PATH Study), and a phone number beginning with the area code. Someone will return your call as soon as possible.

Consent and Permission

By selecting Yes and the NEXT button, you give permission for your child to participate now and in the future. You also give your permission for the researchers to contact you regarding future interviews and possibly other study activities with you or your child. Your child must also agree to participate.

You give your consent to having the study securely maintain your child's personal information to access public health records in the future and authorize state cancer registries to release medical information about your child to the researchers to learn about and confirm any cancer diagnosis in the future.