



Attachment R3. NYTS Cognitive Testing Parent/ Guardian Consent

Qualitative Inquiry to Support
Tobacco-Related Surveillance and
Applied Research

February 23, 2022

Submitted to:
CDC OSH

Submitted by:
ICF

Parent/Guardian Email and Informed Consent for Cognitive Interviews

Note: The email will be sent to the parent/guardian email provided by MFour to recruit their child to participate in the study. The consent section is at 9.4 readability on the Flesch-Kincaid Grade Level scale.

Dear **PARENT NAME**,

Thank you for completing the short survey for CDC and ICF about your child. We are interested in contacting your child about participating in an interview to help CDC test questions on health and tobacco product use.

If selected to participate in an interview, your child would receive a \$50 Amazon gift card for taking part in a two-hour interview.

Please click the link below to view the consent form and let us know if you consent to your child participating. Please know that not all youth who want to participate will be selected.

Thank you!

LINK

Sincerely,

ICF

**** CONSENT FORM BELOW IS LINKED FROM EMAIL ABOVE ****

Your child is invited to participate in a virtual interview. The Centers for Disease Control and Prevention (CDC) has hired ICF to interview 40 youth. ICF is a company that conducts research. The purpose of the interview is to help CDC test questions on health and tobacco product use. Additionally, prior to the interview your child will be asked to complete a short survey so that we can learn a little more about them. Your child will further be asked to provide their consent before they participate in an interview.

We will conduct 40 interviews with youth in grades 6-12 during **[INSERT DATES]**. Each interview will last about 2 hours. If your child participates, they will receive a \$50 Amazon gift card in appreciation of their time. The interview will be virtual. It will take place through a secure web browser using Microsoft Teams. If you agree to let your child participate, we will arrange for the interview to occur on a date and time convenient for your child. The interview will be audio recorded.

Your child's participation is voluntary. All responses shared during the interview are private (unless comments indicate a threat or danger to self or others). The information provided during the interview will be combined with the responses of other students in a summary report that does not identify your child. There is no penalty for not doing the interview. Participants have the right to refuse to answer any question. They may stop participating in the interview at any time.



Participating in the interview involves little to no risks. Some youth may find certain questions to be sensitive. Participants may benefit from knowing that they may help the CDC improve the National Youth Tobacco Survey (NYTS).

If you have any questions about the survey or this study, email ICF's Research Manager, Rachel Kinder, at cdcnyts@icfsurvey.com. For questions regarding your rights related to this evaluation you can contact ICF's Institutional Review Board (IRB) at IRB@icf.com.

Child's name: _____ Grade: _____

I have read this form and agree to the activities described above.

Please check one box:

YES, my child may take part in this interview.

NO, my child may **not** take part in this interview.

By typing your name below, you are signing this parental permission form electronically.

Parent or guardian's signature: _____ [Electronic Signature]

Date: _____

