

**NNSD
PARENT INTERVIEW**

Principal Investigator: Michael Stallings, Ph.D.
PARTICIPANT INFORMED CONSENT FORM
October 2006

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits, if any, are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project conducted by Michael Stallings, a faculty member in the University of Colorado at Boulder's Institute for Behavioral Genetics, 047 UCB, Boulder, CO 80309-0447. Dr. Stallings can be reached at 303-492-7362.

Project Description:

This research study is designed to help us understand how genes and environment might influence life choices during transitions in adulthood. You are being asked to be in this study because you are a member of the ongoing Colorado Adoption Project. However, participation in each part of the CAP is entirely your choice.

Procedures:

If you agree to take part in this study, a researcher will call you on the telephone to talk with you for about half an hour. The interview will be recorded on audiotape for possible later transcription and coding. This interview is similar to those your family completed previously, focusing on life events and psychological development. A few of the interview items are personal and confidential. For example, we will ask about your relationship with your family ("How often are disagreements between you and your child handled by shouting?") and your thoughts about various topics ("Young people should not have sex before marriage.") We may use the information about you collected during this session in conjunction with DNA samples you have provided, or may provide in the future, to locate genes involved in these behaviors.

Approximately 880 primary participants and an unknown number, not to exceed about 880, of partners will be invited to participate in this research study.

Risks/Discomforts and Benefits:

The risks associated with participation are possible embarrassment or discomfort due to the sensitive nature of some of the questions. We do not foresee any significant personal benefits associated with participation, but you will have access to results from the study via newsletters and our website.

Source of Funding:

This study is being funded by the National Institutes of Health, a federal agency that requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

Cost to Participant:

There is no cost to you for participation in this study.

_____ Initials, page 1 of 2

Subject Payment:

You will be paid \$20 by check for completion of this session.

Study Withdrawal:

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or participate in any procedure for any reason.

Confidentiality:

We will make every effort to maintain the privacy of your data. Your completed test materials will be identified only by a numerical code, not your name. All written materials and audiotapes are stored in locked rooms in locked cabinets; all computer-based materials are stored in password protected electronic files. Your responses will not be released to anyone.

Other than the research team, only regulatory agencies such as the Office of Human Research Protections and the University of Colorado Human Research Committee, and NICHD may see your individual data as part of routine audits. However, the exception to the promise of confidentiality is that if information is revealed concerning suicide, homicide, or child abuse and neglect, we will report this to the proper authorities. This is an ongoing study and at this time we anticipate that these data will be maintained indefinitely at the Institute for Behavioral Genetics.

Invitation for Questions:

If you have questions about this study, you should ask the researcher before you sign this consent form. You may also ask questions during or after the session.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026 or by telephone to (303) 492-7401.

Authorization:

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received, on the date signed, a copy of this document containing 2 pages.

Name of Participant (printed) _____

Signature of Participant _____ Date _____

(Also initial the previous page of the consent form.)

For HRC Use Only	
This consent form is approved for use from <u>11-08-07</u> to <u>11-07-08</u> .	
<u>Clare Anne</u> (Signature)	Executive Secretary, Human Research Committee