

Youth Assent to Participate in Evaluation Study of SkillFlix for Parents – Autism Spectrum

What is this about?

We are making an online video tool to help parents of autistic youth talk with their teens about sexual health and healthy relationships. We want to see how useful it is at helping parents with these types of talks. If you take part in this study, you will be asked to watch some online videos and have talks about sexual health and healthy relationships with your parents to see how well it helps parents with these types of talks.

Who are we?

We are from dfusion, a small business that creates programs to improve the health of youth and adults. This project is funded by the National Institute of Child Health and Human Development.

What would I be asked to do?

If you agree to take part, you will first fill out an online survey that asks about your current talks with your parent on sexual health topics. You will then be asked to:

- Take part in a talk with your parent on a sexual health topic that will be audio recorded.
- Watch short online videos within a week's time that were made for autistic youth that show how to handle different types of dating/social situations. Watch at least one of these videos with your parent.
- After each short video, fill out a short online survey on what you think of it.
- Take part in at least 3 more talks on sexual health topics with your parent (the first one will be audio recorded).
- Fill out the last online survey about your talks with your parent on sexual health topics and what you think of the videos.

All these activities will take place over 1 month and will take a total of 3-4 hours of time. When all activities are finished, you will get a \$50 gift card as a thank you.

Are there any risks?

You may feel awkward answering questions about your talks with your parents on sexual health topics. You may feel awkward having talks about sexual health with your parent and/or having these talks audio recorded. During these talks there is a chance that you or your parent may find out information from the other that was unexpected and upsetting; if that happens, we will provide a professional to talk with to reduce any upset. We will keep the information you share in surveys and audio recordings confidential. We will replace your name with a participant code on any information you share. A code book that identifies which codes belong with your name will be stored separate from any information you share. This codebook will be destroyed 3 years after the study is complete. The information you share will not be shared with any organizations you are a part of for any reason. We will not share the information you share in surveys with your parents.

How will this help?

By taking part in this study with your parent, you will help us make the best tool to improve the way parents talk to their teens about sexual health and healthy relationships. This will help the parents and teens who use this tool later.

Do my parents know about this?

A form about this study was sent to your parent. They had to give their permission for you to take part.

Do I have to take part?

No. You are free to be part of the study or not. You do not have to answer any survey questions if you do not want to. If you feel too uncomfortable during the talks with your parents, you can stop them at any time.

What if I have questions?

Here are two people you can call for more details about the project:

- Ms. Regina Triplett-Firpo, Principal Investigator: (831) 440-2162; regina.firpo@dfusioninc.com
- Ms. Brittany Lucas, Project Coordinator: (831) 440-2191; brittany.lucas@dfusioninc.com

For questions about your rights as a participant in this research project call:

- Dr. Tanya Matthews, IRB Chairperson: (866) 537-5030. An IRB is a committee that helps to make sure people in research projects are protected.

How do I show I want to take part?

If interested, please check the “YES” box on the next page. Then print your name, sign the form, and write the date. Write the best phone number to reach you on: before you start the study, one of our staff members will call you to make sure you’re still interested in taking part. When you have finished filling out the form, give it back to your parent.

Thank you.

**Youth Assent to Participate in Evaluation Study of
SkillFlix for Parents – Autism Spectrum**

Study Investigator: Regina Firpo-Triplett, MPH

Please check one box:

- YES—I agree to be part of this study.
- NO—I do NOT agree to be part of this study.

If you checked YES, please print and sign your name and fill in the date.

Your Name: _____

Signature: _____ Date: _____

Write down the best phone number to reach you on—your phone number if you have your own, your home phone number or parent’s phone number if you don’t. Our staff will call you to make sure you’re still interested in taking part in the study before it starts.

Phone Number: _____

Whose phone number is this? (Check one)

- Mine
- Home phone
- Parent’s phone
- Other: _____

To be filled out by Study Staff

Date of successful call: _____

Result: _____

Staff Initial: _____