



**FAMILY-CHILD STUDY
CONSENT FORM (T18)**

PARTICIPANT'S NAME: _____

I understand that I am part of the Family-Child Study being done by the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill. The purpose of this research study is to learn more about how families raise their children. While this study will not help my family or me *directly*, it may someday help doctors, teachers and counselors better care for children and families. This study has been approved by the Public Health Institutional Review Board on Research Involving Human Subjects, and has a Certificate of Confidentiality from the US Government, which protects the study from being forced to release any research information which could be used to identify me in any legal proceedings, even under a court order. The investigators will make every attempt to resist demands to release information that identifies me. If the study learns something that would immediately endanger me or others, members of the study staff may discuss it with me, if possible, or seek help.

By signing this form, I agree to (1) complete an interview and (2) allow information about me to be collected from records. I understand that all of the information collected about me and/or my family will be kept strictly private. I understand that there is no risk of physical discomfort or harm from being in this study.

MY INTERVIEW: I will talk with the interviewer either in my home or at another convenient place for about two hours. I will be asked about my feelings, my health, services I may receive, how I get along with people and if applicable, how I would raise my child, behaviors of my child, and how s/he is growing up (including problems and how I handle them). If possible, I will answer a part of the interview by myself using a laptop computer.

RELEASE OF INFORMATION: The Family-Child Study has my permission to ask for my records from doctor's offices, hospitals, schools and other public agencies. This permission is granted until June 30, 2010. I understand that I can change my mind at any time, and I can call Traci Wike (919) 966-6290 should I decide to do so.

PRIVACY: I understand that the Study will not share information about me or my family with anyone else. I understand, however, that my name, address and other basic identifying information may be given to those above only for the purpose of getting records.

All other information collected from interviews, questionnaires and records will never be shared in any way, with these exceptions: if the Study learns that I am in danger of harming myself, the information will be shared with an appropriate agency.

INCENTIVES (PAYMENT): I understand that to thank me for my time, I will get \$30.00 for my interview.

PARTICIPATION: I understand that I may drop out of the study at any time and that I do not have to answer any questions. If I have any questions or comments about the study, I can contact Traci Wike. Her address is below. I may call her collect at (919) 966-6290.

Signed: _____

Date: _____

Witness: _____

This study has been approved by a group that makes sure study participants are treated fairly. If you have questions about your rights as a participant, or are dissatisfied at any time with any aspect of the study, you may contact, anonymously, if you wish, the Institutional Review Board, Office of Human Research Ethics, University of North Carolina, CB # 7097, Chapel Hill, NC 27599-7097, or by phone at 919-966-3113. You may call collect.