



## COMPONENT 1 INFORMED CONSENT (&gt;18 Youth)

	<b>INFORMED CONSENT AND AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION FOR RESEARCH</b>	
<p>We try to make this form easy to understand. But it may have words or ideas that are not clear to you. Please ask a member of the study team to explain anything you do not understand. You may take this form home with you to discuss with family or friends before you decide whether to be in this research study.</p>		
<b>Study Title:</b> Stress and Coping Among High School Students (ALACRITY eSToRY R34 #1)		
<b>Your name (Participant):</b>	<b>Today's Date:</b>	
<b><u>Not including this study</u>, are you taking part in any research now?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name of Principal Investigator:</b> Margaret Weiss, MD, PhD		
<b>Name of Co-Investigator(s):</b> Eleanor Richards, PhD		
<b>Consent form version date or number:</b> 07/25/23 v5		
<b>Name and telephone number of study contact to call with questions:</b> Margaret Weiss, MD, PHD [617 665 3338]		
<b>CHA IRB Number:</b> CHA-IRB-1190/06/21	<b>Study Sponsor(s):</b> NIMH	

		<b>ASSENT FORM</b> <b>12 - 17 years old</b>	
<b>Participant's Name :</b>			
<b>Today's Date:</b>			
<b>Home Address:</b>			
<b>Name of Investigator:</b> Margaret Weiss, MD, PhD			
<b>Title of Study:</b> Stress and Coping Among High School Students (ALACRITY eSToRY R34 #1)			

### Why am I here?

We want to talk to you and your parents/guardians about a research study. We as researchers hope to help you and others like you, and research is a special way to learn about something new. We hope to learn more about the emotional well-being of youth. After the assessment, you will be invited to participate in a study of an online program to improve emotional well being..

### Why is this study being done?

This study is being done to try to find out more about what emotional challenges teenagers are facing now, and to know how to better help them.

### How many other teenagers will take part in this study?

We hope to have at least 400 students participating in our study.

### How long will I be in this study?

This study is only to find out how you are doing right now. The assessment will take about 30 minutes. If you want to participate in our study of the online program aimed at improving emotional wellbeing, we will refer you to that program.

**Remember:** You can stop being in the study at any time for any reason. If you decide to stop, we encourage you to talk to the research staff listed below.

### What do I have to do if I am in the study?

Your parent or guardian's consent will be needed for you to be in this study. You will complete an online questionnaire to tell us how you are doing. The information you give us is confidential. However, if we learn that you are a danger to yourself or others, the law requires us to let your parents/guardians know and get you the help you need. If you tell us that you are being abused or neglected, we are required to inform the Department of Children and Families.

After you complete this study, you will be asked if you are interested in another study to look at whether an online program to improve emotional wellbeing is helpful. If we learn that you are having significant emotional or behavior problems, we will ask your permission to inform your parents so that they can help you find treatment if you want it.

Once you are done participating in our study our research team will continue to review the information you gave us to help us learn new things about how youth are able to learn about their emotions and access mental health care if needed. Information from your medical record will also be accessed by our research team to be used in other parts of this study.

**What are the risks of taking part in this study?**

You may have to answer personal questions about your feelings and behaviors. These might make you feel uncomfortable and may make you aware of any emotional difficulties you have been struggling with. If you are identified by the research team as requiring emergency care, all needed emergency care is available to you, just as it is to the general public. Any needed medical care is available to you at the usual cost. You or your insurance carrier will have to pay for any such medical care.

Cambridge Health Alliance has not set aside any money to pay for a research-related injury or illness. There are no plans to pay for your treatment if treatment is recommended by the research team.

**What are the benefits of taking part in this study?**

You may find that by joining our study, you become more aware of any stress or other difficulties you are having and know more about how to get help if you want it.

**Will I get paid to be in this study?**

Yes! You will be paid with a \$10.00 gift card after you have answered all the questions.

**Do my parents need to know about this study?**

Yes, your parents/guardian will have to give us permission to allow you to participate, and know what the study is generally about, but they do NOT need to know the details of why you are invited to join; they will also NOT have access to the answers you are giving in your surveys should you choose to participate. *If your parent/guardian does not consent or if we are unable to reach them to give us consent, you will not be able to participate.* Your parent/guardian will not have access to your specific responses to anything we ask you. However, if we think you might benefit from treatment and you decide you want to be referred for treatment, we will ask your permission to inform your parents/guardians.

**Who else will know that I am in the study?**

Only your parents/guardians and our research team will know that you have taken part in this study, but your answers will *not* be shared with your parents/guardians. Our research team will make every effort to make sure the information you share in the surveys will be kept private, and that you are able to be in a private space when giving your answers.

**What are the costs to take part in this study?**

There are no costs to being in the study, but it will use some of your time.

**What if I am injured in this study?**

This study is only about learning how you feel, and so it is unlikely that you will be injured. It is possible that you might feel upset about some of the questions.

**Who do I call if I have questions or problems?**

If you have any study-related questions or concerns as a result of being in this study, please contact the research assistant

Research Assistant

Telephone: 617-806-8780

Email: ALACRITY-R34-1@challiance.org

In case of emergency, please call 911 or go to the nearest emergency room, or you may contact the National Suicide Prevention Lifeline 1-800-273-8255

**What are my rights when I am in the study?**

You do not have to be in the study if you do not want to. It is totally voluntary. Your participation in this research study requires select members of the research team to access information in your electronic health record if the record is at CHA. This information includes past or current care at CHA, and other relevant information related to your care. You can stop being in this study at any time for any reason. Any information collected from you before the date you leave the study will be used in the research study.

If you have questions about your rights, you may call the IRB Chair at (617)-806-8702. You may also call The Cambridge Health Alliance Patient Relations Manager at 617-665-1398.

You will be given a copy of this assent form to keep.

---

**Printed Name of Adolescent**

---

**Signature of Person Getting Assent**

---

**Printed Name of Person Getting Assent**

---

**Date**

