Documents to Bring to the Interview

Parent Forms

- **Adult Consent**
- **Parental Permission for Main**
- **Parental Permission for Hair**
- **Parental Permission for Saliva**

Child Forms

- **Child Assent Main Study**
- **Child Assent Saliva**
- **Child Assent Hair**

Receipts

- **Phone Receipt**
- **Payment Receipt**

Instructions

- **Saliva Instructions.**

Adult Consent

The Ohio State University Consent to Participate in Research

Study Title:	**The Ohio Study (Protocol #2010B0369)**
Researcher:	Christopher R. Browning, PhD, The Ohio State University Jodi L. Ford, PhD, Registered Nurse, The Ohio State University
Sponsor:	The Ohio State University Institute for Population Research, National Institute on Drug Abuse

This form will explain the research study in which you are invited to participate.

Your participation is voluntary. There is no penalty or harm in refusing to participate.

We will only enroll you in the study if you sign this form and give your consent. Even if do consent now, you may change your mind and stop participating at any time.

Purpose:

Scientists are studying the influence of friends, family and place on children's lives. The information scientists learn from this study may not benefit you directly, but may be used for planning programs and policy to help improve children's health and well-being.

Procedures/Tasks:

As the caregiver of children enrolled in this study, we're very interested in your life experiences. If you consent to participate, you will be asked to complete a 40 minute survey in your home or at a place of your choosing. You will also complete an exit survey during the interviewer's return visit. We will give each participant with a completed interview $[amount varies as this is a pilot study] in appreciation of your help.

No known physical risks are expected as a result of this study. Some participants may experience discomfort as a result of answering questions about sensitive topics. Participants may benefit from knowing they are part of a study that will help researchers understand youth better.

Participant Rights:

By signing this form, you do not give up any personal, legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Confidentiality:

Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;

• The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Contacts and Questions:

For questions, concerns, complaints, or if you feel you or your child have been harmed as a result of study participation, you may contact the lead researcher for the study, Dr. Christopher R. Browning, Ohio State University Department of Sociology, **614-962-6446**.

For questions about your rights as a participant in this study, or to discuss other study-related concerns or complaints with someone who is not part of this research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

Signing the consent form

I have read (or someone has read to me) this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

Printed name of subject	**Signature of subject**
	AM/PM
	Date and time
Printed name of person authorized to consent for subject (when applicable)	**Signature of person authorized to consent for subject (when applicable)**
	AM/PM
Relationship to the subject	**Date and time**

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent	**Signature of person obtaining consent**
	AM/PM
	Date and time

Parental Permission for Main

The Ohio State University Parental Permission For Child's Participation in Research

Study Title:	**THE OHIO STUDY (Protocol #2010B0369)**
Researcher:	**Christopher Browning and Jodi Ford**
Sponsor:	The Ohio State University Institute for Population Research, National Institute on Drug Abuse

This is a parental permission form for research participation.

Your child's participation is voluntary. There is no penalty or harm in refusing to participate.

We will only enroll your child in the study if you sign this form and give your permission, and if your child also assents. Even if you do permit your child to participate at this time, you or your child may stop participation at any time.

Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

Scientists are studying the influence and interactions of friends, family and locale on adolescent's lives. The information scientists learn from this study may not benefit you or your child directly, but may be used for planning and policy. We believe the overall knowledge gained from this study may help researchers and mental health professionals obtain a clearer picture of what is important for the well-being of adolescents.

Procedures/Tasks:

A professional, trained interviewer will meet with you and your child in your home, about the places you and your child go and the people in each of your lives. Your child will be provided, at no cost, a smart phone and several pieces of study equipment at no cost to you, trained in their use, and will be asked a series of questions about their daily lives. The equipment will be used by the child for approximately one week to collect data about the places he or she goes when outside the home and the people he or she associates with, and then the interviewer will return to pick up the equipment and talk to your child about the experiences during the study week. In addition to where he/she goes and with whom, we will be asking your child if they have witnessed or participated in risk behaviors such breaking the law, sexual activities and drug usage. Your child will each receive compensation as a thank you for participating. Your child will also receive a community service certificate. All information will be kept secure at The Center for Human Resource Research at The Ohio State University, a research center that maintains stringent Federally-mandated security measures.

No known physical risks are expected as a result of this study. Some participants may experience discomfort as a result of answering questions about sensitive topics such as drug use, family conflict, illegal activities, or sexual behaviors. These risks will be minimized by using Computer Assisted Self Interviewing (CASI) to allow participants to self-administer sensitive portions of the survey, and all responses will be kept confidential.

Participants may benefit from knowing they are part of a study that will help researchers understand youth better.

Confidentiality:

Efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Also, your child's records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Participant Rights:

By signing this form, you do not give up any personal, legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:

For questions, concerns, complaints, or if you feel you or your child have been harmed as a result of study participation , you may contact Dr. Christopher R. Browning, Professor of Sociology at The Ohio State University, at 614-962-6446.
For questions about your rights as a participant in this study, or to discuss other study-related concerns or complaints with someone who is not part of this research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

Signing the parental permission form

I have read (or someone has read to me) this form, a copy of which has been provided to me, and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study.

I am not giving up any legal rights by signing this form.

Printed name of subject

Printed name of person authorized to provide permission for subject

Signature of person authorized to provide permission for subject

Relationship to the subject

Date and time **AM/PM**

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent

Signature of person obtaining consent

Date and time **AM/PM**

Parental Permission for Saliva

The Ohio State University Parental Permission For Child's Participation in Research (Saliva Collection)

Study Title:	**The Ohio Study (Protocol #2010B0369)**
Researcher:	**Christopher R. Browning, Jodi L. Ford**
Sponsor:	National Institutes of Health, The William T. Grant Foundation, The Ohio State University Institute for Population Research

This is a parental permission form for research participation. It contains important information about this study and what to expect if you permit your child to participate.

Your child's participation is voluntary.

Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

The purpose of the saliva ("spit") collection is to study how stress impacts adolescents' health and behaviors and to learn more about the factors that either increase or decrease stress among adolescents.

Saliva will be tested for cortisol (a stress hormone), which is present in everyone's saliva. Higher levels of cortisol in the saliva have been found in other studies to be associated with increased stress.

Saliva also will be tested for– Epstein-Barr virus or "mono" – a common virus that most of us get during childhood that often does not make us feel sick when we have it. After infection, the Epstein-Barr virus goes dormant or to sleep but it can be re-activated or woken-up if stress occurs.

Procedures/Tasks [See Also the Step-by-Step Instruction Sheet Provided by Interviewer):

1.The Nightly Saliva Collection involves:

1. Your child will give a saliva sample at bedtime each night for the 6 nights of the study. Each nightly saliva sample will be tested for cortisol. A reminder to collect the sample will be sent each night in a text message on the study phone every evening at 7 PM. In addition, your child will be asked to complete a short survey on the study phone every night after the saliva data

collection (about food, drink, medication, stress levels before collection). You will receive 6 Ziploc bags containing all the items needed for each nightly saliva collection.

2. Please AVOID the following for 20 minutes before collection:

- A large meal
- Dairy products (e.g. milk, yogurt, ice cream, cheese)
- High sugar, acidic or caffeinated products (e.g. juices, pop or soda)
- Brushing teeth

NOTE: If you DO any of these things, go ahead and collect your samples as outlined in the steps below and just let us know if you ate or drank anything on the phone survey.

3. Steps for the nightly saliva collection:

- Rinse mouth with water 10 minutes prior to collection
- Remove straw and vial from Ziploc bag. Remove wrapper from straw and place one end of the straw in your mouth and the other end of the straw in the tube.
- Close your mouth and imagine eating your favorite food or chew softly on the end of the straw.
- Tilt your head forward and with your tongue, push the saliva down the straw into the collection tube. Continue until the saliva (not the bubbles) reach the goal line marked in pen.
- Write the date and time of collection on the label of the vial. Each collection vial will contain your child's study identification number on the label and for confidentiality do not write your child's name on the label.
- Click on the survey web-link on the study phone and answer the questions.
- Place the vial in the household freezer until picked up by the interviewer at visit 2.

2. Interviewer Saliva Collection at Second Visit

The interviewer will collect a saliva sample from your child at the second visit for the Epstein-Barr virus testing using the same procedures as the nightly saliva collection. The interviewer will ask your child the same survey he or she will take every night on the study phone (about food, drink, medication, stress levels before collection).

All saliva specimens will be stored initially at the Center for Human Resources Research. The nightly saliva samples will be transferred to the secure laboratory at The Ohio State University College of Nursing's Center for Nursing Research for cortisol testing. The saliva sample collected at the second home visit will be mailed to a secure laboratory in Texas for the virus testing. All saliva samples will be destroyed by the labs after analysis.

Duration:

Each saliva sample and survey should take about 10 minutes to complete.

Your child may leave the study at any time. If you or your child decides to stop participation in the study, there will be no penalty and neither you nor your child will lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits:

The risks of participating in the saliva collection are minimal. Your child should avoid eating and drinking certain products and brushing his or her teeth for 20 minutes before the nightly saliva collection, which may be inconvenient.

Confidentiality:

Saliva specimens will not include your child's name, but will be labeled only with his or her study identification number. The identification number lets us link together all the information we collect on your child. All saliva specimens will be stored initially at the Center for Human Resources Research. The nightly saliva samples will be transferred to the secure laboratory at The Ohio State University College of Nursing's Center for Nursing Research for cortisol testing. The saliva sample collected at the second home visit will be mailed to a secure laboratory in Texas for the Epstein-Barr virus testing. All saliva samples will be destroyed by the labs after analysis.

Efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Also, your child's records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Incentives:

Your child will receive $30 cash for participation in the nightly and second visit saliva collection, which will be paid upon collection during the 2nd visit to the home.

Participant Rights:

You or your child may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you or your child is a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you and your child choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights your child may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:
For questions, concerns, or complaints about the study you may contact Jodi L. Ford, Registered Nurse, Assistant Professor at Ohio State University's College of Nursing, 614-292-6862.
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For questions about your child's rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

If your child is injured as a result of participating in this study or for questions about a study-related injury, you may contact Jodi L. Ford, Registered Nurse, Assistant Professor at Ohio State University's College of Nursing, 614-292-6862.

Signing the parental permission form

I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

Printed name of subject	
Printed name of person authorized to provide permission for subject	**Signature of person authorized to provide permission for subject**
Relationship to the subject	**Date and time** **AM/PM**

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent	**Signature of person obtaining consent**
	Date and time **AM/PM**

Parental Permission for Hair

The Ohio State University Parental Permission For Child's Participation in Research (Hair Collection Sample)

Study Title:	**The Ohio Study (Protocol #2010B0369)**
Researcher:	**Christopher R. Browning, Jodi L. Ford**
Sponsor:	National Institutes of Health, The William T. Grant Foundation, The Ohio State University Institute for Population Research

This is a parental permission form for research participation. It contains important information about this study and what to expect if you permit your child to participate.

Your child's participation is voluntary.

Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose:

The purpose of the hair collection is to study how stress may impact adolescents' health and behaviors and to identify factors that may either increase or decrease stress among adolescents. Hair will be tested for cortisol (a stress hormone), which is present in everyone's hair. Higher levels of cortisol in hair have been found in other studies to be associated with increased stress.

Procedures/Tasks:

The hair collection involves:

1. The interviewer will ask your child several questions about his or her hair (e.g. last shampoo, if hair is dyed or highlighted, if hair contains hair product- gel, hairspray).

2. The interviewer will select a hair sample from the back of the adolescent's head, underneath the top layers of hair and cut approximately 50 strands of hair (about the diameter of a shoelace tip when bundled) as close to the scalp as possible.

3. The interviewer will cut the hair with a new pair of scissors and discard them after use.

4. The hair will be wrapped in foil and placed in an envelope.

5. The hair sample will be labeled with your child's study ID number (your child's name will not be on the sample) and stored at the Center for Human Resource Research.

6. The hair sample will be mailed to a secure university laboratory in Colorado for the cortisol testing and the specimen destroyed after analysis.

Duration:

The hair sample survey and the cutting of the hair should take about 10 minutes to collect. Your child may leave the study at any time. If you or your child decides to stop participation in the study, there will be no penalty and neither you nor your child will lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits:

The risks of participating in the hair collection are minimal. Approximately 50 hairs (about the diameter of a shoelace tip when bundled) will be cut close to the base of the scalp, but underneath the top layers of hair to help hide the cut hair. If your child should move during the hair cutting, there is a rare chance he or she could receive a cut on the scalp. A new pair of scissors will be used with every child.

Confidentiality:

Hair specimens will not include your child's name, but will be labeled only with his or her study ID number. The identification number lets us link together all the information we collect from your child. The hair specimens will be stored initially at the Center for Human Resource Research and mailed to a secure university laboratory in Colorado. The hair sample will be destroyed by the Colorado lab after analysis.

Efforts will be made to keep your child's study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your child's participation in this study may be disclosed if required by state law. Also, your child's records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies;
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices;
- The sponsor, if any, or agency (including the Food and Drug Administration for FDA-regulated research) supporting the study.

Incentives:

Your child will receive $20 cash for participation in the hair sample collection, which will be paid after the hair is collected during the interviewer's second visit to your home.

Participant Rights:

You or your child may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you or your child is a student or employee at Ohio State, your decision will not affect your grades or employment status.

If you and your child choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights your child may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions:

For questions, concerns, or complaints about the study you may contact Jodi L. Ford, Registered Nurse, Assistant Professor at Ohio State University's College of Nursing, 614-292-6862.

For questions about your child's rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

If your child is injured as a result of participating in this study or for questions about a study-related injury, you may contact Jodi L. Ford, Registered Nurse, Assistant Professor at Ohio State University's College of Nursing, 614-292-6862.

Signing the parental permission form

I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form**.**

Printed name of subject	
Printed name of person authorized to provide permission for subject	**Signature of person authorized to provide permission for subject**
Relationship to the subject	**Date and time** **AM/PM**

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining consent	**Signature of person obtaining consent**
	Date and time **AM/PM**

Child Assent Main Study

The Ohio State University Assent to Participate in Research

Study Title:	**THE OHIO STUDY (Protocol #2010B0369)**
Researcher:	Christopher R. Browning, PhD, The Ohio State University Jodi L. Ford, PhD, Registered Nurse, The Ohio State University
Sponsor:	Ohio State University Institute for Population Research National Institute on Drug Abuse

- **You are being asked to be in a research study. Studies are done to find better ways to treat people or to understand things better.**
- **This form will tell you about the study to help you decide whether or not you want to participate.**
- **You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.**
- **It is okay to say "No" if you don't want to be in the study. If you say "Yes" you can change your mind and quit being in the study at any time without getting in trouble.**
- **If you decide you want to be in the study, an adult (usually a parent) will also need to give permission for you to be in the study.**

1. What is this study about? The researchers are interested in where young people might spend their time outside of school, who they spend their time with, and what type of experiences they have.

2. What will I need to do if I am in this study? An interviewer will sit down with you in your home and ask you questions about the places you go and the people in your life. You will be provided, at no cost, a 'smart' phone' and trained in its use for the study. You will need to carry this phone for approximately one week and then the interviewer will return to collect the phone and ask questions about your experiences of the week of the study. We are also interested in collecting information on young people's stress levels measured in saliva and hair and you may have an opportunity to participate in this collection. If you are asked to participate in the stress measure collection, you will be given a separate assent form that explains this to you.

You may consent to giving us some or all of the study information requested, you can refuse to give us any information if you don't want to, and you may stop being in the study at any time.

3. What bad things might happen to me if I am in the study? We do not expect any bad things to happen to you. Our interviewers are trained to be professional and

courteous. Sometimes people worry that the personal information they give to interviewers might become public, but we have taken security precautions to make sure that what you say will be kept confidential.

4. What good things might happen to me if I am in the study? It can be an interesting experience to participate in a study and to tell an interviewer a little about your life.

5. Will I be given anything for being in this study? You will receive [amount varies as this is a pilot study] as a thank you for your participation.

6. Who can I talk to about the study? For questions about the study you may contact the head researcher of the study. His name is Dr. Christopher R. Browning and he is a sociology professor at The Ohio State University in Columbus, Ohio. You can call him at **614-962-6446.**

For questions about your rights as a participant in this study, or to discuss other study-related concerns or complaints with someone who is not part of this research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

Signing the assent form

I have read (or someone has read to me) this form. I have had a chance to ask questions before making up my mind. I want to be in this research study.

_____	_____	**AM/PM**
Signature or printed name of subject	**Date and time**	

Investigator/Research Staff

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

_____	_____	
Printed name of person obtaining assent	**Signature of person obtaining assent**	
	_____	**AM/PM**
	Date and time	

This form must be accompanied by an IRB approved parental permission form signed by a parent/guardian.

Child Assent Saliva

The Ohio State University Assent to Participate in Research
(Saliva Sample Collection)

Study Title:	**The Ohio Study (Protocol #2010B0369)**
Researcher:	**Christopher Browning, Jodi L. Ford**
Sponsor:	National Institutes of Health, The William T. Grant Foundation, The Ohio State University Institute for Population Research

- **You are being asked to be in a research study. Studies are done to find better ways to treat people or to understand things better.**
- **This form will tell you about the study to help you decide whether or not you want to participate.**
- **You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.**
- **It is okay to say "No" if you don't want to be in the study. If you say "Yes" you can change your mind and quit being in the study at any time without getting in trouble.**
- **If you decide you want to be in the study, an adult (usually a parent) will also need to give permission for you to be in the study.**

1. What is this study about?

The purpose of the saliva ("spit") collection is to study how stress impacts adolescents' health and behaviors and to learn more about the factors that either increase or decrease stress among adolescents.

Saliva will be tested for cortisol (a stress hormone), which is present in everyone's saliva. Higher levels of cortisol in the saliva have been found in other studies to be associated with increased stress.

Saliva also will be tested for– Epstein-Barr virus or "mono" – a common virus that most of us get during childhood that often does not make us feel sick when we have it. After infection, the Epstein-Barr virus goes dormant or to sleep but it can be re-activated or woken-up if stress occurs.

2. What will I need to do if I am in this study?

We are asking for a saliva ("spit") sample every night before bedtime for the 6 nights you are in the study and a one-time saliva ("spit") sample when the interviewer comes to your home for the second visit.

You will need to AVOID the following 20 minutes before the saliva collection:

- A large meal
- Dairy products (e.g. milk, yogurt, ice cream, cheese)
- High sugar, acidic or caffeinated products (e.g. juices, pop or soda)
- Brushing your teeth

NOTE: If you DO any of these things, go ahead and collect your sample as outlined in the steps below and just let us know if you ate or drank anything on the phone survey. You will not get into trouble if this happens.

To collect the nightly saliva samples for cortisol testing:

- Rinse mouth with water 10 minutes prior to collection
- Remove straw and vial from Ziploc bag. Remove wrapper from straw and place one end of the straw in your mouth and the other end of the straw in the tube.
- Close your mouth and imagine eating your favorite food or chew softly on the end of the straw.
- Tilt your head forward and with your tongue, push the saliva down the straw into the collection tube. Continue until the saliva (not the bubbles) reach the goal line marked in pen (~ 1 ml).
- Write the date and time on the label of the tube of when you spit. Each tube will have your study ID number on the label so you don't need to put your name on the label.
- Click on the survey web-link on the study phone and answer the questions.
- Place the tube in the household freezer until picked up by the interviewer at visit 2.

Interviewer Saliva Collection at Second Visit

The interviewer will collect a saliva ("spit") sample from you when he or she comes for the second visit to your house. This sample will be used for the Epstein-Barr virus testing. The steps to collect the sample are the same as the nightly sample you will give during the week. In addition, the interviewer will ask you the same survey questions that you filled out on the study phone during the week (about food, drink, medication, stress levels before collection).

3. How long will I be in the study?

The entire study is 1 week long. Each saliva sample and survey should take about 10 minutes to complete.

4. Can I stop being in the study?

You may stop being in the study at any time.

5. What bad things might happen to me if I am in the study?

The worst thing about being in the study is that we ask you to avoid eating and drinking certain products and brushing your teeth the 20 minutes before you spit in the tube. However, if you forget and you do eat or drink something or brush your teeth, just tell us on the survey. You will not get into trouble and your honesty will help the study.

6. What good things might happen to me if I am in the study?

If you choose to be in the study, there really is no direct benefit to you. However, you will be helping us to learn more about adolescents and their health.

7. Will I be given anything for being in this study?

You will be given $30 cash for being in the saliva or "spit" collection part of the study.

8. Who can I talk to about the study?

For questions about the study you may contact Jodi L. Ford, Registered Nurse, Assistant Professor at Ohio State University's College of Nursing, 614-962-6446.
For questions about your rights as a participant in this study, or to discuss other study-related concerns or complaints with someone who is not part of this research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

Signing the assent form

I have read (or someone has read to me) this form. I have had a chance to ask questions before making up my mind. I want to be in this research study.

	AM/PM
Signature or printed name of subject	**Date and time**

Investigator/Research Staff

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

Printed name of person obtaining assent	**Signature of person obtaining assent**
	AM/PM
	Date and time

This form must be accompanied by an IRB approved parental permission form signed by a parent/guardian.

Child Assent Hair

The Ohio State University Assent to Participate in Research (Hair Sample Collection)

Study Title:	**The Ohio Study (Protocol #2010B0369)**
Researcher:	**Christopher Browning, Jodi L. Ford**
Sponsor:	National Institutes of Health, The William T. Grant Foundation, The Ohio State University Institute for Population Research

- **You are being asked to be in a research study. Studies are done to find better ways to treat people or to understand things better.**
- **This form will tell you about the study to help you decide whether or not you want to participate.**
- **You should ask any questions you have before making up your mind. You can think about it and discuss it with your family or friends before you decide.**
- **It is okay to say "No" if you don't want to be in the study. If you say "Yes" you can change your mind and quit being in the study at any time without getting in trouble.**
- **If you decide you want to be in the study, an adult (usually a parent) will also need to give permission for you to be in the study.**

1. What is this study about?

The purpose of the hair collection is to study how stress may impact adolescents' health and behaviors and to identify factors that may either increase or decrease stress among adolescents. Hair will be tested for cortisol (a stress hormone), which is present in everyone's hair. Higher levels of cortisol in hair have been found in other studies to be associated with increased stress.

2. What will I need to do if I am in this study?

To be in the hair collection part of the study, you will need to let the interviewer cut hair from the back of your head – hair that is close to your scalp but underneath the top layers. About 50 strands of hair are needed, which is about the diameter of a shoelace tip if you bundle the hair together. The hair collection will take place at the second visit. Here are the steps of the collection:

The hair collection involves:

1. The interviewer will ask you several questions about your hair (e.g. last shampoo, if hair is dyed or highlighted, if hair contains hair product- gel, hairspray).

2. The interviewer will select a hair sample from the back of your head, underneath the top layers of hair and cut approximately 50 strands of hair (about the diameter of a shoelace tip when bundled) as close to the scalp as possible.

3. The interviewer will cut the hair with a brand new pair of scissors and discard them after use.

4. The hair will be wrapped in foil and placed in an envelope.

5. The hair sample will be labeled with your study ID number (your name will not be on the sample) and stored at the Center for Human Resource Research.

6. The hair sample will be mailed to a secure university laboratory in Colorado for the cortisol testing and the specimen destroyed after analysis.

3. How long will I be in the study?

The hair collection will take only about 10 minutes.

4. Can I stop being in the study?

You may stop being in the study at any time.

5. What bad things might happen to me if I am in the study?

There is a rare chance you could receive a cut on the scalp if you move during the haircutting.

6. What good things might happen to me if I am in the study?

If you choose to be in the study, there really is no direct benefit to you. However, you will be helping us to learn more about adolescents and their health.

7. Will I be given anything for being in this study?

You will be given $20 cash for being in the hair collection part of the study, which will be given to you after your hair is cut.

8. Who can I talk to about the study?

For questions about the study you may contact Jodi L. Ford, Registered Nurse, Assistant Professor at Ohio State University's College of Nursing, 614-292-6862.

For questions about your rights as a participant in this study, or to discuss other study-related concerns or complaints with someone who is not part of this research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

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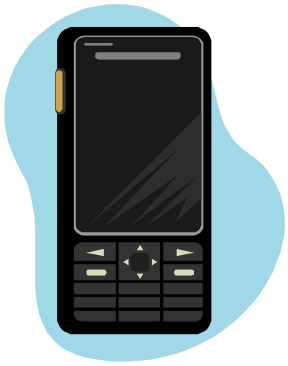
Printed name of person obtaining assent	**Signature of person obtaining assent**
	Date and time **AM/PM**

This form must be accompanied by an IRB approved parental permission form signed by a parent/guardian.

Phone Receipt

Phone Receipt for the Ohio Study



Thank you for being willing to take part in the Ohio Study. In order to complete the Ohio Study, you will be provided with a smart phone for seven days. You will be prompted to complete a survey on this phone at various times throughout the day. An interviewer will train you on how to use this phone and complete the survey.

What if the phone gets lost or stolen?

In the event that the phone gets lost, broken or stolen it is very important that you immediately report it to CHRR/The Ohio Study at 614-442-7300. Once reported, the following actions will occur to protect respondent confidentiality:

- Personal data and survey information will be remotely deleted from the phone by CHRR.
- Service to the phone will be disconnected.
- The phone will be reported as lost/stolen with service carriers; only [CHRR] able to be re-connect data/phone service.
- The device will be trackable by GPS location services and the location can be reported to the police in the event of theft.

Phone Serial #	Respondent's Name *(please print)*	Respondent's Signature	Date Out	IVR	Date In	IVR

Payment Receipt

Payment Receipt

Description	**Payment of cash incentive to respondent for completing the Ohio Study**	
Amount of Cash Paid		**Date:**
Interviewer Name		
Respondent Name		
Respondent Signature		

Saliva Collection Instructions

NIGHTLY SALIVA COLLECTION

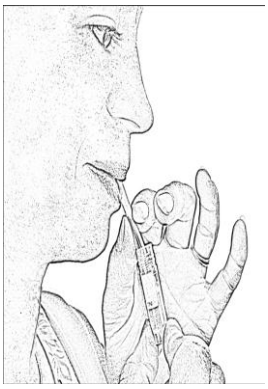
Questions? Call 614-292-6862

You will receive a message on the study phone each evening at 7 PM as a reminder to collect your saliva sample at bedtime.

Please AVOID the following 1 HOUR BEFORE COLLECTION:

- **A large meal**
- **Dairy products (e.g. milk, yogurt, ice cream, cheese)**
- **High sugar, acidic or caffeinated products (e.g. juices, pop or soda)**
- **Brushing your teeth**

NOTE: If you DO any of these things, go ahead and collect your sample and just let us know if you ate or drank anything on the phone survey.



HOW TO GIVE A SAMPLE

- **Rinse your mouth with water 10 minutes prior to collection**
- **Remove straw and vial from Ziploc bag. Remove wrapper from straw and place one end of the straw in your mouth and the other end of the straw in the tube.**
- **Close your mouth and imagine eating your favorite food or chew softly on the end of the straw (do not chew gum).**
- **Tilt your head forward and with your tongue, push the saliva down the straw into the collection tube. Continue until the saliva (not the bubbles) reach the goal line marked in pen.**
- **Write the date and time of collection on the label of the vial.**
- **Click on the survey web-link on the study phone and answer the questions.**
- **Place the vial in the household freezer until picked up by the interviewer at visit 2.**