Thank you for your interest in this research project being conducted by researchers at Virginia Commonwealth University (VCU). Research is an important part of all universities. One of things that researchers here at VCU are interested in is what factors contribute to a successful and positive transition to college for adolescents with and without ADHD. In particular, we are interested in learning about factors that might protect adolescents from using tobacco and other substances in college. The results of this project will be used to improve programs for youth and families preparing to transition to college. You and your child are being asked to participate in this study because your child is planning to attend college in the fall. This project is voluntary and you and your child can decide if you want to take part.

The purpose of this survey is to gather information about your child’s current behavior and behavior during childhood. Researchers on this project are interested in certain characteristics of high school students continuing to college that may predict a successful transition and the survey you are about to complete helps identify those characteristics.

What will you be asked to do?
In this study you will be asked to complete this one-time survey for parents. The survey will take approximately 15-20 minutes for you to complete on a secure website and contains questions about your child’s emotional and behavioral health, as well as about your family. It covers topics including family demographics and functioning; and your child’s emotional and behavioral health including depression, anxiety, attention problems, and behavioral problems. This information will be de-identified; you and your child’s names as well as other identifiable information will not be connected with these data.

You may skip any question that you do not want to answer. If you want to skip a question, please select ‘I choose not to answer’. You may choose not to answer the questions, or you may choose to complete the questions over the phone. There is no penalty for not completing the survey.

We will also be asking you for alternate points of contacts your child. If your child is eligible to participate based upon your survey responses we will e-mail you within one business day to let you know. That e-mail will contain a link that will allow your child to complete the study surveys.

What will your child be asked to do?
If your child is eligible, we will ask him/her to complete surveys through a secure website three times over the course of one year. These questionnaires will take approximately 60-90 minutes to complete each time. The surveys contain questions about your child’s positive and negative experiences and behavior including questions about tobacco and substance use. Your child also will be asked about interpersonal relationships and interactions. Your child will also be asked questions about his/her relationship with you and family environment. Your child’s participation will not impact current standing in school or acceptance to other schools/universities.

By completing the survey you are providing consent for the research investigators to view the answers to the survey you have provided. If your child is eligible and chooses to participate, he/she
will also be asked to read a similar on-line consent document and given a choice about participation.

**RISKS AND DISCOMFORTS**
There are no more than minimal risks involved in this survey. One potential risk is that you or your child could become uncomfortable or upset after being asked questions during a survey about behavior or emotional struggles. For example, you and your child may be asked questions about symptoms of depression or anxiety. You or your child can choose not to answer any question or stop a survey or take a break at any time. If you or your child becomes upset for any reason during a survey, a member of our research staff will be glad to talk with you or your child about it and to provide referrals. Another potential risk is that confidentiality could be breached. However, as described in more detail below, all research data will be coded by ID numbers and stored in a locked research area. Once you complete the survey, or if you leave the survey before finishing, make sure to close your web browser so that others cannot see your information.

**BENEFITS TO YOU AND OTHERS**
Your child may not get any direct benefit from this study, but the information we learn from people in this study may help us why some individuals are more likely than others to develop problems associated with tobacco, alcohol and other substance and emotional health.

**COSTS**
There are no costs for completing the survey and you will not be paid for answering questions since it is only to see whether your child qualifies to take part in the study.

**PAYMENT FOR PARTICIPATION**
Your child will receive $50 for completing the first survey. After the first survey, your child will be asked to participate in two additional surveys in the Fall and Spring of the next year. Your child will also receive $60 (during the Fall) and $70 (during the Spring) for completion of surveys.

**ALTERNATIVES**
If you do not want to answer these questions via the secure website, you have the option of calling Melissa Dvorsky at (804) 828-5517 to complete the survey over the phone. You also have the option of not participating in this study.

**CONFIDENTIALITY**
Potentially identifiable information about you will consist of data from the survey questionnaires. Data are being collected only for research purposes. All responses to this survey will be kept strictly confidential. Your information will only be available to study investigators and research staff who are provided with a password to access a secure server where the responses are stored. You and your child’s data will be identified by ID numbers and birthdates, not names, and stored separately from research data in a locked research area. All personal identifying information will be kept in a password-protected file and this file will be deleted at the end of the study. Study data will not be shared with your child’s school or university. Access to all data will be limited to study personnel.

We will not tell anyone the answers you give us and research data provided by your child will not be shared with you; however, information from the study and the consent form may be looked at or copied for research or legal purposes by Virginia Commonwealth University.
To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. The Certificate cannot be used to resist a demand for information from personnel of the United States federal or state government agency sponsoring the project and that will be used for auditing or program evaluation of agency funded projects. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily to state or local authorities, without your consent, information that would identify you as a participant in the research project under the following circumstances. Researchers are required to disclose to state or local authorities instances of harm to self or others as well as child abuse and neglect. For example, we will not tell anyone the answers your child gives us. But if your child tells us that someone is hurting her or her, or that she might hurt herself or someone else, the law says that we have to let people in authority know so they can protect your child. Additional details about the protections and limitations associated with a Certificate of Confidentiality can be found at http://grants.nih.gov/grants/policy/coc/.

Further, what we find from this study may be presented at meetings or published in papers, but you and your child’s name will not ever be used in these presentations or papers.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

You do not have to participate in this study. You and your child’s participation in this research are completely voluntary. You will have an option ‘I choose not to answer’ for all questions on the survey. If you choose to participate, you may withdraw your consent and discontinue participation at any time without any penalty. Additionally, you can withdraw your consent at any time by contacting the Principal Investigator at 804-828-5517.

Your participation in this study may be stopped at any time by the study staff or the sponsor without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- the sponsor has stopped the study; or
- administrative reasons require your withdrawal.

QUESTIONS

If you have any questions, complainants, or concerns about you or your child’s participation in this research, please contact:

Melissa Dvorsky (Study Coordinator) at 804-828-5517
or
Dr. Joshua Langberg (Study PI) at 804-828-6273
The researcher/study staff named above is the best person(s) to call for questions about your participation in this study.

If you have any general questions about your rights as a participant in this or any other research, you may contact:

Office of Research
Virginia Commonwealth University
800 East Leigh Street, Suite 3000
P.O. Box 980568
Richmond, VA 23298
Telephone: (804) 827-2157

Please call this number if you cannot reach the research team or wish to talk to someone else. General information about participation in research studies can also be found at http://www.research.vcu.edu/irb/volunteers.htm.

By participating in research project survey for parents, you acknowledge that:

• You and your child’s answers will be recorded.
• Your child will be contacted again in the future for follow-up surveys. Your child will have the opportunity to decline to participate at that time.
• Coded data (i.e., de-identified data that is not connected to your name or any other identifying information about you) may be shared with other researchers.

Please indicate your preference for taking part in the survey:

☐ Yes, I understand this and agree to participate in this research project. (Link to the survey)

☐ I want to think about it more before making a decision about participation. Please exit by closing your browser. (Do not click ‘previous page’, ‘next page’, or ‘save and return later.’)

☐ No, I do not want to participate in the study. (Link to take them to the withdrawal text)

[Text for RedCap withdraw survey]: We are sorry that you are not interested in participating in this research project at this time. If you change your mind and decide that you do want to participate in the project, please contact the Principal Investigator at 804-828-5517 and we will reissue an invitation to participate.