

## HOME VISITING PARTICIPANT INFORMED CONSENT

**PURPOSE:** This study is to find out how home visits help families. You are invited to participate on a voluntary basis because you have a home visitor. The Division of Public Health will study how home visiting helps families improve their health and reduce risks. If you choose to participate in the study you will be asked questions about how you feel about your health and your baby's health. The questions take approximately 45 minutes and are asked every six months for three years. The surveys will ask about you and your baby's medical care, how your baby is growing and developing, and questions about how your day-to-day life. If you choose to participate we will obtain information about you and your child from birth records and reported or substantiated cases of child abuse and neglect. This information will be used to study whether or not home visiting impacts health, family well-being and child abuse. There are minimal risks from participating. They include feeling uncomfortable with some questions. Some of the questions may make you feel uncomfortable because they are personal. You can refuse to answer any question that makes you uncomfortable. If you choose not to participate in the study you can still receive home visiting services. Participating in the study will have no impact on the services you receive. Although you will not benefit directly from participating in the study, your information may help us improve home visiting services for other families like yours.

**CONFIDENTIALITY:** We will protect your information. Any information you provide on surveys will be stored in a locked cabinet within the Division of Public Health office. Only study staff will have access to the cabinet. Your name will be removed from any information you provide when it is entered into a database. Your information will be coded using a unique number. All analysis done on study data will be de-identified, which means that no names will be attached. Your information will be stored for seven years after the date you agree to be part of the study. After that the information will be destroyed.

**COMPENSATION:** To thank you for your time and as an encouragement to finish the project. You will be given gift cards in increasing amounts at the end of each six months. The gift cards are in hope that you will stick with the program for the full 3 years. The gift card is given in the amount of \$20 for the first six months, \$30 at the end of the first year, \$40 after 18 months, \$50 after the second year, \$50 after 30 months and then \$60 at the end of year three for a total of \$250.00. The gift cards will be to Wal-Mart or Walgreens depending on your choice.

**WITHDRAWING:** You can withdraw from the study at any time during the three years. Withdrawing from the study means that all your information will be removed and destroyed. To withdraw from the study or if you have questions please contact the study investigators below or your home visitor.

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**CONSENT:** Your signature on this form means that you understand the information presented, that you want to participate and you have had your questions answered. You understand that participation is voluntary and you may withdraw from the study at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date