**Indiana Youth Survey Focus Group Consent Form**

# Purpose

You are invited to participate in a focus group sponsored by Prevention Insights, School of Public Health, Indiana University – Bloomington. The purpose of this focus group is to gather your opinions on the Indiana Youth Survey questionnaires. The information and insights gained from this focus group will be used to improve the survey for the 2026 cycle.

# Procedure

Participants will provide their email address and receive a Zoom meeting invitation. The focus group will last approximately 60 minutes. The group will consist of 5 – 10 youth. A moderator will ask you several questions while facilitating the discussion. The session will be audio-video recorded via Zoom and a note-taker will be present. However, your responses will remain confidential, and no names will be included in any reports.

You can choose whether or not to participate in the focus group, and you may stop at any time during the course of the focus group.

Please note that there are no right or wrong answers to focus group questions. We want to hear the many varying viewpoints and would like for everyone to contribute their thoughts. Out of respect, please refrain from interrupting others. However, feel free to be honest even when your responses counter those of other group members.

# Benefits and Risks

Your participation may benefit you and other youth by enhancing the survey instruments to better reflect youth health behaviors. However, no risks are anticipated beyond those experienced during regular conversations.

# Confidentiality

Should you choose to participate, you will be asked to respect the privacy of other focus group members by not disclosing any content discussed during the study. Researchers within Prevention Insights will analyze the data, but—as stated above—your responses will remain confidential, and no names will be included in any reports.

# Compensation

Participants will receive a $20 Amazon gift card after completing the focus group. Email addresses will only be used for delivering the gift card.

# Contact

This study received approval by the Indiana University IRB, protocol #26264.

If you have any questions or concerns regarding this focus group, please contact:

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# Consent Statement and Signature

I understand this information and agree to participate fully under the conditions stated above.

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Student’s Name Student’s Email Address

 (For Zoom invitation and e-gift card delivery)

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Student’s Signature (if 18 or older) Date

Parent/Guardian’s Signature (if under 18)

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*If you are interested in participating in a parent focus group for the same purpose, please provide your name and email address below.*

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Parent’s Name Parent’s Email Address

 (For Zoom invitation and e-gift card delivery)

Please return a signed and scanned (or image) version of this form to **inys@iu.edu**.