

Family Consent Form for MIHP Outcomes Survey

Michigan's Maternal Infant Health Program (MIHP) is collaborating with the University of Michigan on a research study to find helpful ways to support families. You are invited to take part in this research study, and this form contains information to help you decide whether to join the study. We would love to hear from you about your background, life experiences, and participation in MIHP. Answering this survey will not benefit you directly, but your responses will help us make MIHP a better program.

The survey should only take 8-10 minutes, and your responses will be de-identified, which means that it will not contain your name or other information that can directly identify you and cannot be linked to you or your family. Your Home Visitor may help you fill out some parts of this survey if you'd like.

You are not required to complete this survey. The risks of participating in this study are minimal, but you may find that some of the questions make you uncomfortable. If there are questions that you do not want to answer, you may skip them. There are no right or wrong answers, and your responses will not affect the services you receive in any way. Because this study collects information about you, there is a risk of loss of confidentiality, but the study team will protect your confidentiality and privacy by storing the information securely and without identifiable information.

We may use or share your research information for future research studies. If we share your information with other researchers, it will be de-identified. This research may be similar to this study or completely different. We will not ask for your additional informed consent for these studies.

If you have questions or would like to obtain more information about the study or study procedures, please contact the following researcher:

Principal Investigator: Robin Jacob, PhD

Phone: 734-647-4194

Email: rjacob@umich.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

University of Michigan - Health Sciences and Behavioral Sciences Institutional Review Board
(IRB-HSBS)

2800 Plymouth Road

Building 520, Room 1169

Ann Arbor, MI 48109-2800

Telephone: 734-936-0933 or toll free (866) 936-0933

E-mail: irbhsbs@umich.edu

Do you consent to participate in this survey?

YES, I consent to participate in this survey

NO, I do not consent to participate in this survey