



## 2024 Cleveland Health Survey Consent

You are being asked to participate in a research study conducted by researchers at Case Western Reserve University in partnership with the Cleveland Department of Public Health. Your household was randomly selected to participate in this study, or you have volunteered to participate, and you are over the age of 18. This consent form contains important information about this project and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

**Purpose:** The purpose of this survey is to learn more about the health, health behaviors, and safety among residents of Cleveland, Ohio and will be used to identify opportunities for programs, policies, and resources to better serve the Cleveland community.

### **KEY INFORMATION FOR YOU TO CONSIDER:**

#### **Procedures and Duration**

If you agree, you will complete a survey online or over the phone. This survey will ask questions about your past and current health, health behaviors and safety. The survey should take about 20-25 minutes to complete. You can stop participating for any reason at any time. If you decide to stop participating in the study, you may exit out of the online survey at any time or notify the research staff that you would like to stop participating in the study.

#### **Anticipated Benefits**

There is no direct benefit to participating in this study. Your participation, however, will help us better understand health trends in Cleveland, so that we may better anticipate and respond to need.

#### **Foreseeable Risks**

There is minimal risk involved in this study. Some of the questions we will ask you to complete might make you feel uncomfortable. You may refuse to answer any of the questions, take a break, or stop your participation in this study at any time. Another possible risk associated with the procedures described in this study includes loss of confidentiality. However, steps will be taken to ensure your privacy is maintained.

#### **Voluntary Nature of this Study:**

Your participation in this study is voluntary. If you choose not to participate, it will not affect your current or future relationship with Case Western Reserve University. There is no penalty or loss of benefits for not participating or for discontinuing your participation. You are free to withdraw from this study at any time. If you decide to withdraw from this study, please close out of the survey. If you would like your data removed completely, please notify the research team immediately.

#### **Compensation**

There will be no costs to you for study participation. By answering 80% of the survey, you will be eligible to be entered to win \$50, where your chances of being selected to receive \$50 are 1 in 10.

#### **Alternative(s) to Participation**

You have the option to not participate.

## **Confidentiality**

The records of this research will be kept confidential. With any information that is collected, there is a potential risk for loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed.

In any sort of report that we might publish, we will not include any information that will make it possible to know who was in the study. Electronic records are stored in a secure, cloud-based server, and any paper research records will be kept in a locked file with access limited to the researcher, and the University review board responsible for protecting human participants.

All information that identifies you will be removed from the study data.

## **Data Storage**

Survey data will be maintained in a secure location at CWRU and stored electronically in a password-protected file.

## **Data Retention**

The researchers intend to keep the research data for a minimum of 5 years after publications of findings.

## **Contacts and Questions**

The researcher conducting this study is Stephanie Pike Moore. You may ask any questions you have now. If you have any additional questions, concerns or complaints about the study, you may contact the research team at [clehealthsurvey@case.edu](mailto:clehealthsurvey@case.edu) or 216-368-1918.

If the researchers cannot be reached, or if you would like to talk to someone other than the researcher(s) about: (1) questions, concerns or complaints regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact Case Western Reserve University's Institutional Review Board at (216) 368-4514 or write: Case Western Reserve University; Institutional Review Board; 10900 Euclid Ave.; Cleveland, OH 44106-7230.

## **Statement of Consent**

Your active consent certifies the following:

- You are at least 18 years of age.
- You have read (or been read) the information provided above.
- You have received answers to all of your questions and have been told who to call if you have any more questions.
- You have freely decided to participate in this research.
- You understand that you are not giving up any of your legal rights.

Please indicate your willingness to participate in this study by clicking YES or NO. A copy of this consent form will be sent to you electronically or to your home address, based on your preference.

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

If you are interested in being contacted about future parts of this study, we may contact you again in the future to give you more information. Can we contact you to provide more information about future parts of this study? YES or NO. If yes, please provide your preferred method of contact if it is different from above.