# CCNH Data Collection — Recommended Informed Consent Language

## At Intake

We would like to ask you some questions. These questions are part of a data collection effort about the results of our work with young people who have substance use issues. This data is being collected from hundreds of other individuals throughout the United States. The data findings will be used to help programs like this one learn how to help young people make healthy life choices.

Responding to this survey is voluntary. If you do not want to answer any of the questions, you do not have to; you can simply ask to go on to the next question. If you decide not to participate in this survey, it will have no effect on your participation in any of our programs. However, your answers are very important to us. Please answer the questions based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. We will not write your name anywhere on this survey form to keep your answers private.

Please sign below if you agree to participate in this data collection.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for being an important part of this data collection effort!

## At Follow-up and Discharge

If you remember, we conducted a survey with you when we first started working together. We would like to do that again, to see how things have changed in your life. Just as a reminder:

Responding to this survey is voluntary. If you do not want to answer any of the questions, you do not have to; you can simply ask to go on to the next question. If you decide not to participate in this survey, it will have no effect on your participation in any of our programs. However, your answers are very important to us. Please answer the questions based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. We will not write your name anywhere on this survey form to keep your answers private.

Please sign below if you agree to participate in this data collection.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for being an important part of this data collection effort!