

## **Consent to Participate in a Research Study**

### **USE OF SOCIAL MEDIA BY LGBT PARENTS**

#### **Conducted by:**

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We invite you to participate in a research study about the use of social media by parents who identify as lesbian, gay, bisexual or transsexual. We are interested in learning about how you use the Internet and social media related to your role as a parent.

#### **Description of subject involvement**

If you agree to take part in the research study, we will ask you to participate in an interview with us. The interview will take about 30-60 minutes of your time. The interview will be conducted in your home, or another location that is convenient for you, such as a coffee shop or workplace. For non-local participants, interviews can be conducted by telephone or Skype. We will also ask you to share your Facebook data with us by downloading an archive of your Facebook use and emailing it to us. If you decline to share your Facebook data, you can still participate in the interview study.

#### **Benefits**

Although you may not directly benefit from being in this study, others may benefit from having a better understand of how LGBT parents use social media.

#### **Risks and discomforts**

There is little risk associated with this study. Participating in this study is no more risky than other everyday activities.

#### **Compensation**

Participants will receive a \$20 gift card from Amazon for participation in this study.

#### **Confidentiality**

We will not use your real name in any presentations or publications. We will use fake names when we refer to things you say in the interview.

To keep your information safe, the researchers will keep everything you say on a password-protected computer. If you decide not to finish the interview, we will erase the things you said.

### **Voluntary nature of the study**

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time.

### **Contact information**

If you have questions about this research, including questions about scheduling, you may contact Dr. Sarita Yardi Schoenebeck at [yardi@umich.edu](mailto:yardi@umich.edu) or +1 (734) 764-8677.

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 University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 2800 Plymouth Rd, Building 520, Suite 1169, Ann Arbor, MI 48109-2800, (734) 936-0933, [irbhsbs@umich.edu](mailto:irbhsbs@umich.edu).

### **Consent**

By signing your name here, you are agreeing to be in the study. You will be given a copy of this document that you can keep. If you have any questions, you can ask us. You can also contact us later if you think of any questions.

*I agree to participate in the study.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We would like to audio record the interview. We will erase the audio recording as soon as we have listened to the recording and taken notes. Sign here if you give us permission to audio record you. Even if you sign now, you can always change your mind and ask us to stop recording.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date