

**NNSD**  
**TELEPHONE INTERVIEW**  
Principal Investigator: Michael Stallings, Ph.D.  
**INFORMED CONSENT TO CONTACT PARTNER**  
January 2005 v.1

*Please read the following material that explains this research study. Signing this form will indicate that you have been informed about this aspect of the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits if any are associated with the study. This should help you decide whether or not you want to participate in the study.*

You are being asked to allow us to invite your partner (or former partner if you do not have a current partner) to participate in a research project conducted by Michael Stallings, a faculty member in the University of Colorado at Boulder's Institute for Behavioral Genetics, 047 UCB, Boulder, CO 80309-0447. Dr. Stallings can be reached at 303-492-7362.

The project description for your partner along with the procedures, risks, benefits, sources of funding, costs, payments, confidentiality and withdrawal procedures are all the same as for your participation as described in the attached consent form for your own participation. However, in the partner interview we do not include some of the most personal and confidential items that are in your interview.

If you agree to allow us to contact your partner to inquire if he or she is willing to participate in an interview similar to those conducted with you each year, please complete the information on the following page and return it along with this consent form in the provided envelope. A researcher will then write or call your partner to ask if he or she is willing to participate and if so will mail a consent form for him or her to complete and return.

**Invitation for Questions:**

If you have questions about this study, you should ask the researcher before you sign this consent form. You may also ask questions during or after the session.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026 or by telephone to (303) 492-7401.

**Authorization:**

I have read this paper and the related attached consent form for my own participation or it was read to me. I know the possible risks and benefits. I know that providing permission to contact my partner is voluntary. I choose to be in this study. I know that I or my partner can withdraw at any time. I have received, on the date signed, a copy of this document.

Name of Participant (printed) \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

For HRC Use Only

This consent form is approved for use from 11-08-07 to 11-07-08.

Cecile Dunne  
(Signature)

Executive Secretary, Human Research Committee