

## **Evaluation of Ohio's First Episode Psychosis (FEP) Program ASSENT FORM**

### **These are some things we want you to know about evaluation studies:**

We are asking you to be in an evaluation of the treatment and care you are receiving. Evaluation is a way to see what works well, and what could be done better.

Whether or not to be in this evaluation is your choice. You can say Yes or No. Whatever you decide is OK. We will still take good care of you.

### **Why am I being asked to be in this evaluation?**

You are being asked to be in the evaluation because you are receiving care from your local agency. They are working with the state of Ohio on improving the care that you and others like you receive.

### **What will happen during this study?**

If you agree to be in this evaluation, you will:

- Be asked to answer some questions about how you feel and what you think
- Answer those same questions a total of three times over the next year

### **Will being in the evaluation hurt?**

Some of the questions you are asked might make you feel uncomfortable or sad. If that happens you should tell the adults in the room. You do not have to answer any questions you don't want and you may stop at any time. Either way, it won't affect how you are treated by your care team.

### **What are the good things that might happen?**

People may have good things happen to them because they are in an evaluation. These are called "benefits." Your answers to the questions you are asked will help your care team learn more about you and how to make you feel better. It can also feel good to share your feelings and opinions.

### **What if I don't want to be in this evaluation?**

You do not have to be in the evaluation if you do not want to.

### **Who should I ask if I have any questions?**

If you have any questions about the evaluation, you or your parents can call Kraig Knudsen at 614-728-2527.

### **Do I have to be in the evaluation?**

No, you do not have to be in the evaluation. Even if you say yes now, you can change your mind later. It is up to you. No one will be mad at you if you don't want to do this.

**Signatures**

Before deciding if you want to be in the evaluation, ask any questions you have. You can also ask questions during the time you are in the evaluation.

If you sign your name below, it means that you agree to take part in this evaluation.

\_\_\_\_\_

Your Name (Printed)

\_\_\_\_\_

Age

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Obtaining Consent

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date