

Date received: _____

Date sent for review: _____

Cover Sheet for EXEMPT IRB Application

Principal Investigator Name: _____

Project Title: Human Papillomavirus Vaccination Perception of Parents after Primary Care Provider Recommendation

Remember that exempt refers to the IRB process requiring fewer reviewers. It does not mean the research does not need a review. [See [IRB webpage on Exempt and Expedited Reviews](#) for full description of category].

1. The nature of the study involves Exempt research categories:

- ☐ Simple survey procedure
☒ Interview procedure (face to face or telephone)
☐ Educational strategies or tests
☐ Observation of public behavior
☐ Review of existing data
☐ Other, please describe:

2. The research involves less than minimal risk, i.e. there is no risk for civil or criminal liability, employability, damage to subject's financial standing, or reputation.

☒ Yes ☐ No3. The research involves a protected population, i.e. minors, pregnant women, fetuses, prisoners, mentally handicapped persons. *If YES, this research is not for exempt review.*☐ Yes ☒ No4. The research involves deception or may intentionally provide misleading information to participants. *If YES, this research may not be appropriate for exempt review.*☐ Yes ☒ No

Date logged _____
IRB application number _____



INSTITUTIONAL REVIEW BOARD ON HUMAN PARTICIPANTS
Application for IRB Review and Approval Guidelines

General Instructions

Application must be typewritten, completed in its entirety, and saved as:

Lastname_Firstinitial_Keyword_IRB_version#.pdf (e.g., Mai_J_Balance_IRB_v1.pdf).

This Application and supporting documents should be sent as one PDF file to irb@clarke.edu.

Complete applications will include the documents listed below. These documents should be scanned into a single PDF **in the order listed**.

- ☒ Exempt, expedited, or full review cover sheet
- ☒ This form with faculty signature if PI is a student
- ☒ Proposal abstract
- ☒ Appropriate CITI Training Certificate
- ☒ Informed consent forms (if required)
Note: An IRB number will be assigned when final approval is given. This IRB number must be added to the consent form.
- ☒ Research tool(s) (e.g., questionnaire, survey, interview questions, test questions)
- ☒ Recruitment materials (including but not limited to copies of script for face to face recruitment, a copy of recruitment e-mail, social media post, recruitment flyers/posters)
- ☐ Permission statement from research location(s) if research is to be conducted outside of Clarke University

- All required materials must initially be submitted to irb@clarke.edu.
- Incomplete applications will be returned un-reviewed.
- Revised Applications must be submitted as a complete Application and sent directly to the reviewer who reviewed the first version. When saved and submitted, please do so with a new version number (e.g., Mai_J_Balance_IRB_v2.pdf).
- Exempt and expedited applications may take up to four weeks to review per submission. Full IRB reviews may take longer.

NOTE: When completing this form, the text boxes in which to insert content do not display spell check or grammar check notifications (i.e., no red squiggly lines). Applicants may want to compose some answers in a separate MSWord file before pasting into the Application.

TIP: Tab from text box to text box or from check box to check box instead of using a mouse. Boxes can be checked using the space bar.

IRB Application

- I. Project Title: Human Papillomavirus Vaccination Perception of Parents After Primary Care Provider Recommendation

Principal Investigator (PI) Information		
(Name) [REDACTED]	(Department) Nursing	
(E-mail) [REDACTED]	(Phone) [REDACTED]	(CITI Certificate #) [REDACTED]

Faculty Research Advisor Information		
(Name) [REDACTED]	(Department) Nursing	
(E-mail) [REDACTED]	(Phone) [REDACTED]	(CITI Certificate #) [REDACTED]

Additional Investigator(s) Information		
(Name)	(Department)	
(E-mail)	(Phone)	(CITI Certificate #)
(Name)	(Department)	
(E-mail)	(Phone)	(CITI Certificate #)
(Name)	(Department)	
(E-mail)	(Phone)	(CITI Certificate #)

**If more "Additional Investigators" are required, please include them in the Appendix

- II. Is this project funded by an outside agency?

☐ Yes; Sponsor's name is

☒ No

- III. If research is being conducted to meet course or graduation requirements, please check all of the following that apply:

- ☒ A major goal of the project is to practice skills related to conducting research (e.g., administering a previously created tool to learn data collection and analysis procedures).
- ☐ A major goal of the project is to apply previously researched principles to a specific population (are hand washing procedures being followed by clinic staff and what are the related infection rates at clinic X OR does reading skill improve when applying this previously studied technique to my students at school Y).

- ☒ A major goal is to conduct original research, but there may be limitations in the study (e.g., participant pool is too small to make generalizations, the need to use my colleagues as participants means that I will not be able to ask personal questions).
- ☐ None of these apply. Continue to Question IV

A. Explain any limitations to the research project that might relate to the statements above:

The recruitment of subjects is one of convenience for the researcher around the Southwestern Wisconsin area. This will decrease generalizability to parents across the board due to inaccurate representation of a large scaled area. Smaller sample size of 15 participants may also decrease the generalizability of the data from this study. Bias may be observed if multiple subjects who attend the same provider receiving the same provider recommendation about HPV vaccination.

IV. What are the anticipated start and end dates?

**** Recruitment for research cannot start until IRB approval has been obtained. Please allow four weeks for the IRB review process.**

Desired date to begin recruitment for the study	
Anticipated date for completion of data collection	
Anticipated date to submit Completion Form	
For Student Researchers only: Final Presentation (estimated date)	

**** Research is considered complete once data collection is completed. Once completed, researcher(s) must submit a Completion of an Approved Research Project Form to irb@clarke.edu.**

V. IRB must consider the research design in order to assess the risks and benefits of this study. This includes recruitment of participants, data collection, data analysis, and dissemination of the results. Please respond to the questions and statements below so that IRB can complete this evaluation.

A. **Rationale:** Using ordinary, non-specialized terms, provide background and rationale for the project.

Understanding the perceptions of parents in regard to the humanpapillomavirus (HPV) will assist the primary provider to increase awareness of risk for adolescents contracting HPV. Further exploring parental perceptions may provide insight into parental HPV vaccination hesitancy providing a better understanding for low rates of HPV vaccination of adolescents in the United States. The purpose of this study is to identify barriers that must be addressed by health care providers in order to improve HPV vaccination uptake.

B. **Research Questions:** List all research questions that will be asked. Questions must be approved by a research advisor if the PI is a student.

The research questions to be explored is : In parents of children ages nine through eighteen, what are the perceptions about HPV and HPV vaccination?

C. Participants:

1. Participants (Please estimate maximum numbers)

Adult volunteers (patients are not to be included in this number)	25
Students within a classroom setting	
Minors (under 18)	
Patients as experimental participants	
Patients as controls	
Persons whose first language is not English	
Pregnant women or fetuses	
Adults with cognitive disabilities	
Prisoners, incarcerated	
Other (please specify):	
Total anticipated participants (maximum)	25

2. Will participants be able to participate in a language in which they are fluent? (Check all that apply) It is not acceptable to include participants who are not able to fully understand the consent materials or the tool being used.

- ☒ Yes, all participants will participate in a language in which they are fluent.
- ☐ Yes, translations will be offered. Provide evidence that an appropriate translator is being used to create forms and/or to conduct interviews.
- ☐ No, participants are not used in study.

3. What inclusion and exclusion criteria will be used to determine eligibility to participate?

Research will be collected from members of the southwest Wisconsin area who speak English fluently. Inclusion criteria is as follows: any parent with a child of any gender ages nine through eighteen. The researcher will include children who were or were not vaccinated. Exclusions to the sample size include parents with medical knowledge background and parents of children who have children older than the age of 18.

4. If using a specific sampling method, indicate which sampling method(s) will be used.

- | | |
|--|---|
| <input type="checkbox"/> Simple Random Sampling | <input type="checkbox"/> Volunteer Sampling |
| <input type="checkbox"/> Stratified Sampling | <input type="checkbox"/> Network Sampling |
| <input type="checkbox"/> Cluster Sampling | <input checked="" type="checkbox"/> Snowball Sampling |
| <input type="checkbox"/> Systematic Sampling | <input type="checkbox"/> Purposive Sampling |
| <input type="checkbox"/> Multistage Sampling | <input type="checkbox"/> Quota Sampling |
| <input checked="" type="checkbox"/> Convenience Sampling | <input type="checkbox"/> Other: |

D. Recruitment

1. Recruitment Location (Check all that apply)

☐ Clarke University

☐ Public areas not located at Clarke. Please list specific areas:

☒ Social media (e.g., Facebook, Instagram, Twitter, etc.). Please list sites & groups: **The PI will use Facebook for a general internet posting platform of volunteer recruitment upon her personal page of known persons.**

**** Applicant must secure and include documentation of approval to recruit from non-public virtual communities or interest groups (e.g., moderator of a closed Facebook group).**

☐ Other location(s) (e.g., businesses, other institutions, agencies, etc.). Please list:

**** Applicant must secure and include documentation of approval to recruit at these location(s). Please include copies of permissions in the Appendix.**

2. Will these other locations require this project to be approved by their own IRB?

☐ Yes, the following other locations will require this project to be approved by their own IRB:

**** Note: If Applicant is able, please include the project's IRB approval notification(s) from these other location(s) in this application.**

☒ No, these other locations will rely on the Clarke University IRB approval process.

3. How will potential participants be contacted in order to recruit them? Please include a copy of the e-mail, script, flyer, or advertisement to be used to recruit potential participants. Refer to IRB website for policy on incentives.

The PI will request any parents of children ages 9-18 who desire to participate in a research study surrounding humanpapillomavirus vaccination being conducted by the PI upon the main personal page of PI's Facebook account.

4. Is informed consent required? (Research using previously recorded data may not require informed consent.)

☒ Yes

☐ No

5. How will consent be obtained? Check all that apply. (Include with the application)

☐ Informed Consent Form with Cover Letter

☐ Parent/Guardian Informed Consent Form with Cover Letter

- ☐ Parental Notification Letter (for Action Research only)
- ☐ Assent Form
- ☒ Verbal Consent (with Script)
- ☐ Participation Consent (for Web and Phone Surveys)

6. If it is not possible to obtain written consent, describe how an understandable explanation will be given to the participants and consent will be acknowledged.

The PI will carefully read the consent slowly and clearly to the participant. The participant will consent to have acceptable information about the research, understand that information, and are verbally able to agree to participating in the study. The participant will have the opportunity to change or add to the data collected within 3 weeks of the original interview. The researcher will send email notification to verify the obtained data. If the participant would like any changes made, the information must be sent back to the researcher within 2 weeks. If no information is returned, the researcher will assume the data is correct and representative of the feelings of the participant.

E. Data Collection and Analysis

1. Data Collection and Analysis Location (Check all that apply)

- ☐ Clarke University
- ☐ Public areas not located at Clarke. Please list specific areas:
- ☒ Social media (e.g., Facebook, Instagram, Twitter, etc.). Please list: **Facebook**

**** Applicant must secure and include documentation of approval to collect data from non-public virtual communities or interest groups (e.g., moderator of a closed Facebook group).**

- ☐ Other location(s) (e.g., businesses, other institutions, agencies, etc.) Please list:

**** Applicant must secure and include documentation of approval to collect data at these location(s). Please include copies of permissions in the Appendix.**

2. If applicable, will these other locations require their IRB to approve of the project?

- ☐ Yes, the other location's IRB approval is attached.
- ☐ Yes, but the other location has yet to provide notification of IRB approval.
- ☐ No, the other location will be using the Clarke University IRB approval.

3. Indicate which of the collection tools will be used during research and attach all relevant documents. (Check all that apply)

- ☐ Survey, questionnaire(s) created by researcher: Attach tool(s)
- ☐ Survey, questionnaire(s) routinely collected by the site: Attach tool(s)
- ☐ Survey, questionnaire(s) created by other researcher: Attach tool(s) and permission or documentation that the survey is in the public domain
- ☒ Interview: phone/in-person: Attach interview tool(s) or questions being used

- ☐ Focus group: Attach questions being used
- ☐ Analysis of student test scores or routine assignments: Attach sample test(s) and assignment(s)
- ☐ Analysis of existing public records or documents
- ☐ Analysis of medical or other private records
- ☐ Direct observation of people in school, workplace, or other non-public location: Attach tool(s) if relevant
- ☐ Direct observation of people in public places: Attach tool(s) if relevant
- ☐ Collection of physical specimens (e.g., blood, saliva, etc.)
- ☐ Collection of data or physical specimen through non-invasive means (e.g., weight)
- ☐ Other(s) (please specify):

4. How will participants complete the study (e.g., email, phone, mail, face to face)? Include the web address, email, script, survey, or other relevant information.

The participants will complete a semi-structured interview with the PI initiated by the PI over the telephone. The interview will last between 30-60 minutes. The interview questions will be written at a 7th or 8th grade reading level without the use of undefined medical jargon or technical terms. The PI will request the ability to contact the participant in the future to clarify data or obtain further data.

5. How often will participants be expected to meet with researcher(s) and for how long (e.g., two one-hour meetings, two weeks apart; 10-minute survey)?

Interviews will occur over the phone lasting around thirty minutes to one hour in time frame. The interviews will be recorded and stored in a password protected computer. The researcher will contact the participant within 3 weeks of the original interview date via email to allow the participant to make any changes to the data collected. If the participant does not agree to any of the data collected or wishes to make changes, the participant will email the PI back within the timeframe given. If no response is given from the participant, the PI will assume all data is correct and representative of the participant's feelings.

6. Explain in detail the total experience of participants during the research. Be sure to include scripts, forms, surveys, and other documents related to the study.

The participant will be interviewed using semi-structured questions which will allow the researcher to ask clarifying questions encouraging participants further elaboration in answers to questions. The interview will last thirty minutes to one hour where the interviewer will audio record the conversation for clarification after the interview has been completed. At the end of the interview, participants will be given the opportunity to elaborate on further thoughts. The researcher will discuss contacting participants within 3 weeks if additional clarification is needed via email. If the participant would like to make any changes to the data collected, the participant may email any changes back to the PI within the stated time frame in the email. If no changes are required by the participant, the researcher will assume all data is correct.

7. How will the accuracy of the data collection be ensured (e.g., pilot testing, interrater reliability, single or double blind)? IRB may request raw data in order to assess accuracy.

After informed consent obtained, each participant will be assigned an identifying number and will be voice recorded throughout the interview and stored in a password protected cellular phone and or computer only accessible by the the PI. Interviews will be transcribed verbatim by a HIPAA certified transcriber and returned to the PI only. Within 3 weeks of the original interviewer, the PI will contact the participant via email to verify the data obtained in the interview is representative of the feelings and thoughts of the participant. If the participant would like any changes made, the participant will send changes back to the PI within the stated time frame (2 weeks). If no response is given from the participant, the PI will assume all data is representative of the participant's thoughts and feeling.s

8. Will data be anonymous or confidential? *Anonymous data are data collected with no identifiers available to the researcher. Confidential data include one or more identifiers which is available to the researcher.*

- ☐ Anonymous
☒ Confidential

9. How will data be *collected* in order to protect the confidentiality and privacy of participants?

Data collected from participants will be kept confidential upon a password protected computer only accessible to the researcher without labeling of subject's name, date of birth, or any other identifying characteristics.

10. How will data be *stored* in order to protect confidentiality and privacy of participants (e.g., locked file in a particular room, password protected file on a specific computer)? Be specific.

The researcher will keep data including audio recorded interviews enclosed on a password protected computer. The password protected computer is only accessible to the researcher.

11. How and when will data be destroyed? The federal government requires data to be retained for at least three years.

Data will be secured and protected in a password protected computer by the researcher three years post collection at which time will be destroyed.

12. Describe the specific quantitative or qualitative analysis that will be used to answer the research questions.

The researcher will delve into the meaning of the responses of the research subject uncovering the reality the subject interacts in. The researcher must set aside bias, generalizability, and preconceived assumptions to ensure the experiences collected are from the vantage points of the subject's said experience. The use of audio recordings will ensure the interviewer has the ability to relisten to the interview to refresh the ideas of the participant. As a part of Colaizzi's Method, the researcher will present themes found in the research data collected. The following 7 steps of

Colaizzi's method will be followed in the analysis of the data: read all protocols to acquire a feeling for them, review each protocol and extract significant statements, spell out the meaning of each significant statement, organize the formulated meanings into clusters of themes (refer these clusters back to the original protocols to validate them, note discrepancies among or between the various clusters, avoiding the temptation of ignoring data or themes that do not fit), integrate results into an exhaustive description of the phenomenon under study, formulate an exhaustive description of the phenomenon under study in as unequivocal a statement of identification as possible, and ask participants about the findings thus far as a final validating step.

VI. The researcher is responsible for considering any potential risk that a research participant might experience. Risk to participants may be tolerable in research as long as it is necessary to gather the information and as long as the researcher has provided appropriate ways to minimize the risk. Carefully estimate risk level for participants of this study. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.

A. Psychological stress greater than daily life (e.g., potential to perceive topic or materials as threatening, offensive, or degrading)	Level of risk <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.	The parent will be asked personal opinions surrounding the sexual transmission of the humanpapillomavirus and the involvement of his or her child. The interviewer will maintain a non-judgemental stance on all decisions made by participant and will not interject any subjective opinions. The interviewer will respect any refusal by participant to answer questions.
B. Social or economic stress greater than daily life (e.g., perception of experience as potentially damaging to financial standing, employability, job retention, or reputation)	Level of risk <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.	
C. Physical or medical risk greater than daily life (e.g., potential for physical injury or negative impact on health)	Level of risk <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.	

D. Unintended disclosure of confidential information (e.g., school or medical records)	Level of risk	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.		
E. Perceived coercion to participate because of existing or potential relationship between researcher and participant (e.g., friend-friend, teacher-student, employer-employee)	Level of risk	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.		
The participants will be of a convenience sample taken from the PI's Facebook account. Each participant will be involved in a verbal informed consent and may disengage from the study at any time if participant's comfort level decreases with the content of questions.		
F. Confusion resulting from experimental deception (e.g., use of placebo)	Level of risk	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.		
G. List any other risk that may apply:	Level of risk	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Minimal risk <input type="checkbox"/> Substantial risk
Describe circumstances that could lead to risk if applicable. Explain plans to minimize the risk to participant(s) and how participant complaints will be handled.		

VII. Conflicts of Interest (COI)

A. Financial COI: Do any of the researcher(s) (or their spouse(s), domestic partner(s), significant other(s), and/or dependent children) have financial interests related to this study?

☐ Yes

☒ No

1. If Yes, please disclose this financial COI:

2. If Yes, please explain how relevant researcher(s) will manage the influence of this financial COI to avoid any actual or seeming compromised judgement related to the collection,

analysis or reporting of this research project. Note: Any COI should be disclosed in publications or presentations.

- B. Other COI:** Do any of the researcher(s) (or their spouse(s), domestic partner(s), significant other(s), and/or dependent children) have any other personal considerations that may compromise—or have the appearance of compromising—an investigator's professional judgment in conducting or reporting research for this project?

☐ Yes

☒ No

1. If Yes, please disclose this other COI:

2. If Yes, please explain how relevant researcher(s) will manage the influence of this personal COI to avoid any actual or seeming compromised judgement related to the collection, analysis or reporting of this research project. Note: Any COI should be disclosed in publications or presentations.

VIII. Describe the potential benefits of this research to individual participants or to society.

Collecting, interpreting, and analyzing data from parents of children ages nine through eighteen surrounding perceptions of HPV and HPV vaccination may assist health care providers in obtaining important educational teaching points to use in recommendations for HPV vaccination thus streamlining beneficial provider recommendations for future patient visits.

IX. Assurance Statements

I understand and agree to follow all of Clarke University's IRB policies and requirements.

If the PI is a student, then the Faculty Advisor must agree to the following:

I reviewed this application and approve of the protocols. I worked with this student to ensure that all ethical and procedural concerns have been addressed. I support this research project and attest to the ability of the researcher to conduct this study.

Date

Faculty Advisor's Signature (if applicable)

If the Student PI is unable to obtain a Faculty signature (e.g., Faculty Advisor is out of town), then student must CC the faculty member when submitting the Application and any revisions. The Faculty Advisor must then "Reply All" confirming approval before the Application or Revision will be considered for review or approval. This alternative signature process is only for exceptional circumstances. Please indicate why this alternative process was necessary.

Abstract

Health care provider recommendations may influence a parent's decision to vaccinate children against the human papillomavirus (HPV). Lack of addressing parental concerns about the HPV vaccination may increase parental apprehension surrounding the vaccine. The research question being addressed in this study is "In parents of children ages nine through eighteen, what are the perceptions about HPV and the HPV vaccination?" Nora Pender's Health Promotion Model will assist in understanding the mechanisms affecting parental behavior patterns to choose health promoting behaviors over illness. A descriptive qualitative study will aid the researcher to further explore feelings and beliefs about HPV. The study may provide deeper insight for health care providers in future tailoring of recommendations for HPV vaccination conversations increasing parent's ability to make an informed decision surrounding HPV vaccination of their children.



Completion Date
Expiration Date
Record ID



This is to certify that:



Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher (Curriculum Group)
Social & Behavioral Research (Course Learner Group)
1 - Basic Course (Stage)

Not valid for renewal of certification
through CME. Do not use for
TransCelerate mutual recognition
(see Completion Report).

Under requirements set by:

Clarke University



Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/





Completion Date
Expiration Date
Record ID



This is to certify that:



Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher (Curriculum Group)
Biomedical Research (Course Learner Group)
1 - Basic Course (Stage)



Under requirements set by:

Clarke University

Verify at www.citiprogram.org/verify/



Human Papillomavirus Vaccination Perception of Parents after Primary Care Provider Recommendation
Verbal Informed Consent Script

In the next few minutes, I will be providing you with information and asking you to consent to participate in a research study I am currently conducting. The purpose of this study is to identify barriers that must be addressed by health care providers which may improve HPV vaccination uptake. Participation is voluntary. There is no penalty if you decide not to participate or you withdraw from the study. Your relationship with [REDACTED] [REDACTED] the Clarke University Nursing Department, and Clarke University will not be affected by the decision to withdraw. The estimated time of participation is 30-60 minutes. You will be expected to answer open ended questions providing your in-depth thoughts while being audio recorded over the telephone by the researcher. All audio records and responses will be stored in a password protected computer and device accessible only to the researcher conducting this study. Potential benefits for participating include recognizing education needs, recognizing barriers to vaccination, recognizing safety concerns, and recognizing need for changed provider recommendation surrounding human papillomavirus (HPV) vaccination. Potential risks of participation in this study may include undesired changes in your current thought processes surrounding HPV and HPV vaccination and potential loss of confidentiality of identifiable information,

We have asked you to participate because you live in Southwest Wisconsin, speak English fluently, and are a parent with a child of any gender ages nine through eighteen who may or may not be vaccinated. Unfortunately, there are some reasons why you may not be able to participate. These include parents of children ages nine through eighteen with medical knowledge background and parents of children older than the age of 18.

If you agree to participate in this study, you will be asked to schedule a convenient time for an audio recorded interview lasting 30-60 minutes. You will be asked to elaborate on open ended interview questions presented to you by the researcher. There will be no compensation for your participation. You may excuse yourself for any reason at any time for the research study. The researcher may need to contact you in future discussions to elaborate or discuss collected information.

In order to maintain confidentiality, your name will not be connected to any publication or presentation that uses the information and data collected about you or with the research findings from this study. The researcher will use numbers to identify participants rather than your name. Your identifiable information will only be shared if required by law or you give written permission.

The risk of participating is minimal. If you have health concerns that impact your ability to participate, however, you may want to consult a health care professional before agreeing to participate in this study. If you need medical or mental health attention during the course of the study, Clarke University emergency procedures will be followed. The researchers and Clarke University are not responsible for any medical or mental health expenses.

You are not required to participate in this study. Refusal to participate in this study will not affect your rights to services you currently are receiving or may receive from the Clarke University Nursing Department and Clarke University.

At any time during the study, you have the right to withdraw your consent to participate in this study. Once data has been collected you will not be able to withdraw from the study. The study is anonymous, and any data collected will not be identifiable. If you choose to withdraw from the study at any time, your data may be used in the study collected up to your self-termination time. The data will be stored in a password protected computer for three years until the data is destroyed.

Do you have any questions regarding this study?

If you have any additional questions about the study or your rights as a research participant, you may contact

Do you understand this Informed Consent?

Do you agree to be a participant in this study?

Do you acknowledge that you are aware of what this study involves, that you are at least 18 years old and that you may request a copy of this Consent form?

Descriptive Semi-Structured Qualitative Interview Questions

1. What do you know about the human papillomavirus otherwise known as HPV?
2. Tell me what you know about how HPV is spread to humans?
3. Tell me your thoughts about what the HPV vaccination is?
4. Tell me about how you learned about HPV or HPV vaccination?
5. What are your biggest concerns surrounding the HPV vaccination?
6. If the HPV vaccination was presented to you as a "cancer preventing vaccination" instead of a "sexually transmitted disease preventing vaccination?", how does this change your feelings about the vaccine?
7. What factors influence your decision to vaccinate your children against HPV?
8. Describe the conversation you had with your primary provider in regard to HPV and receiving the HPV vaccination for your child.
9. Describe your feelings about the HPV vaccination after speaking with your primary provider?
10. What questions did you have after discussing HPV and the vaccine with your provider or do you have about HPV or the HPV vaccination now?
11. Describe for me what kind of information you would like to receive from your primary provider regarding HPV and the HPV vaccination in the future?
12. Are there any other thoughts you want to talk to me about today about HPV or the HPV vaccination?

Recruitment Script

Hello – My name is [REDACTED] and I am a student from the Clarke University located in Dubuque, Iowa. I am writing to you in order to discuss your possible participation in my research study surrounding humanpapillomavirus (HPV) vaccination. You are eligible for this study because you are a parent of a child or children ages nine through eighteen, speak English fluently, and do not have any medical knowledge background.

If you decide to participate in this study, you will engage in a 30-60 minute interview with me. We will discuss open ended questions surrounding HPV and the HPV vaccination in which you will be asked to elaborate further on your thoughts and feelings surrounding the questions in the interview. I would like to audio record the interview which will be stored and protected on a password protected device accessible only by me. I may contact you within 3 weeks of the original interview via email to verify the information obtained through you is presented adequately in your thoughts and feelings.

Participation is voluntary. You will not be offered any financial stipened for participation. You may choose to be in the study or not and have the ability to opt out of the study at any time. If you choose to participate, we can go ahead and set up a good time to provide you with further information. If you need more time to decide if you want to participate, feel free to call or email me with your decision. All data collected from you as a participant will be kept confidential and will be protected for 3 years from collection date and then destroyed.

Feel free to contact me if you have any questions prior to the scheduled interview. You may reach me, [REDACTED]