

September 2015

Wendell Johnson Speech & Hearing Clinic
250 Hawkins Drive
Iowa City, IA 52242

Dear participant,

We are inviting you (or your child) to be in this study because you (or your child) are a teenager or young adult who stutters. You are being given this letter by a speech-language pathologist who knows you (your child), or because of your membership in a support organization for teens and young adults who stutter. Approximately 300 people will take part in this study.

If you (or your child) agree to participate, use this link to access the survey package:

https://uiowa.qualtrics.com/SE/?SID=SV_6lDhFahvKdY6S21

This survey consists of a series of questions or statements that relate to stuttering. We are asking you (your child) to rate each item on the surveys as it relates to you (your child) and your (your child's) experience with stuttering. You (or your child) are free to decline responding to any item on any of the surveys, and may discontinue at any time. The entire survey package (all four surveys and the information page) will take about one hour to complete. The survey must be completed in one sitting. You (your child) cannot save responses and return to the survey at a later time to complete it.

The information provided will be kept confidential, however federal regulatory agencies and the University of Iowa Institutional Review Board (a committee that reviews and approves research studies) may inspect and copy records pertaining to this research.

There are no known risks from being in this study, and you (or your child) will not benefit personally. However we hope that others may benefit in the future from what we learn as a result of this study.

You (or your child) will not have any costs for being in this research study.

You (or your child) will be paid for being in this research study. You (or your child) will receive a \$10 gift card when you have completed the entire survey (even if there are items left out). At the end of the survey, you (your child) will be provided with a link that will take you to a separate website to provide us with a mailing address. This information is needed so that we can mail the gift card. Your name and address will be kept separate from survey responses so that responses will be anonymous and cannot be linked to you (your child).

FOR IRB USE ONLY
APPROVED BY: IRB-01
IRB ID #: 201309814
APPROVAL DATE: 09/09/15
EXPIRATION DATE: 09/08/16

Taking part in this research study is completely voluntary. If you (or your child) decide not to be in this study, or if you (or your child) stop participating at any time, you (or your child) won't be penalized or lose any benefits for which you (or your child) otherwise qualify.

If you have any questions about the research study itself, please contact: Patricia Zebrowski, 127C SHC, University of Iowa, 319-335-8735. If you (or your child) experience a research-related injury, please contact: Patricia Zebrowski, 127C SHC, University of Iowa, 319-335-8735. If you have questions about the rights of research subjects, please contact the Human Subjects Office, 105 Hardin Library for the Health Sciences, 600 Newton Rd, The University of Iowa, Iowa City, IA 52242-1098, (319) 335-6564, or e-mail irb@uiowa.edu. To offer input about your (or your child's) experiences as a research subject or to speak to someone other than the research staff, call the Human Subjects Office at the number above.

Thank you very much for your consideration.

Sincerely,

Patricia M. Zebrowski, Ph.D.
Professor
Department of Communication Sciences and Disorders
University of Iowa