Communication Partner Influences on Aided AAC Use by Adults with Complex Communication Needs: Surveying users to gain their perspectives

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BACKGROUND

You have been invited to participate in a research project because you use AAC.

You will help us better understand what is important to you as an AAC user.

PURPOSE

We want to hear what supporters can do to help adults use AAC and participate socially.
WHAT WILL YOU DO

You will complete a **survey**.

You need **internet** and a **smartphone**, **tablet**, or **computer**.
The survey will ask questions about:

**How you talk**

- [ ] visiting with friends

**Who you talk with**

**What things are helpful, what things aren’t helpful**

- ✔
- ✗ visiting with friends

**How easy or hard things are with AAC**
The survey will be easy to read

Print out the included scales to help answer questions.

You can ask a supporter for help filling it out.

It will take between 30-45 minutes.

Share your own answers, not your supporters!
BENEFITS

Sharing your ideas will help speech therapists support AAC users better!

There is no direct benefit to you.
You may feel proud to share your ideas.

RISK

There are no big risks.
You may feel tired after focusing on the survey.
You may **not want** to **answer** some **questions**, but you can choose “**no answer**.”

You won’t know who **you** are. Your **identity** is **secret**.

Anything you share will be **protected**.

**WHY SHOULD I TAKE PART**

**Your voice** is **important**!

Most **research** includes **other people**. We want to **hear** from **AAC users** **directly**!
SHARING OF INFORMATION

All survey answers will be anonymous.

This means you won’t be linked to the answer.

Even I (Rheanne Brownridge) won’t know which answers you give.

We will group survey answers for trends and themes.

Survey results will be stored for 5 years after the study is over. After that it will be destroyed.

Data may become “open-access.” This means other researchers can see the answers you give, but they won’t see you.

If you want to know the results, you can let us know in the survey. We will share what we find with you later.
If you have any **questions** or want more **information**, contact:

- Rheanne Brownridge at rheanneb.student@ubc.ca

Who can you contact if you have complaints or concerns about the study?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

**CONSENT STATEMENT**

Please select one of the following options to give consent.

I wish to complete this survey.

- Select this option if you are consenting for yourself

I consent on behalf of the participant to complete this survey.

- Select this option if you are a substitute decision maker for the participant.

- You will be asked to indicate your relationship to the participant, and your initials and a phone number. This information will not be connected to the survey results but will be made available to the researchers should a concern arise.

- Initials:
- Phone number:
- Relationship: [guardian, representative, temporary substitute decision maker (further indicate relationship)]

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