



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.**





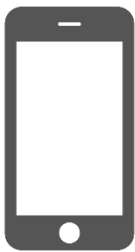
WHAT WILL YOU DO

You will complete a **survey**.

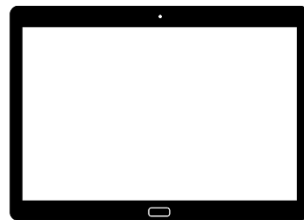
| | | 1 | 2 | 3 |
|---|-----|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 | ___ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | ___ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | ___ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | ___ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



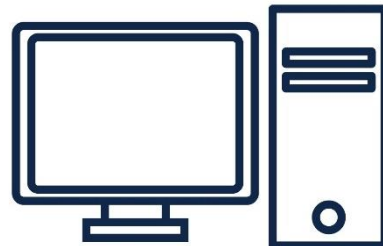
You need **internet** and a **smartphone, tablet, or computer**.



smartphone



tablet

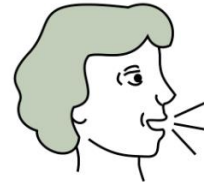


computer



The survey will ask questions about:

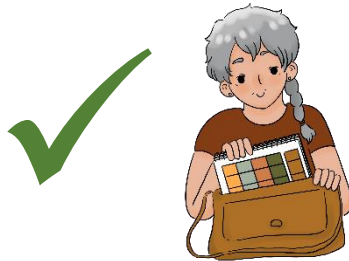
How you talk



Who you talk with



What things are helpful, what things aren't helpful



visiting with friends



How easy or hard things are with AAC

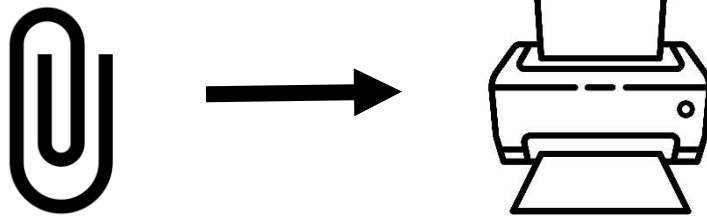




The survey will be **easy to read**



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.

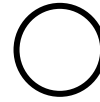




You may **not want to answer** some **questions**, but you can choose “**no answer.**”



1 no! 2 mostly no 3 Shrug/Sometimes 4 usually 5 Yes!

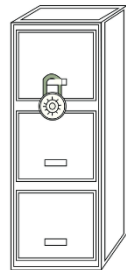


No answer

We **won't know** who **you** are. Your **identity** is **secret**.



Anything you share will be **protected**.



Shh

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)]

Ethics ID Number: H23-02951