**ASSENT FORM FOR CHILD/ YOUNG PERSON**

**Research study: Sleep and Quality of Life**

**Child (or if unable, parent on their behalf)/ young person** to circle all they agree with:

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

1. Has somebody else explained the project to you?
2. Do you understand what the project is about?
3. Have you asked all of the questions you want?
4. Have you had your questions answered in a way you understand?
5. Do you understand it is OK to stop taking part at any time?
6. Are you happy to take part?

If any answers are ‘no’ or you don’t want to take part, don’t sign your name!

If you **do** want to take part, you can write your name below

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*You can also choose if you want to say ‘yes’ to these questions:*

YES/NO

YES/NO

1. If your Doctor asks to see your results from this project is that OK?
2. Are you happy for us to contact you again in the future?

The person who explained this project to you needs to sign too. If you are under the age of 16, this should be your parent/guardian.

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_