

PARTICIPANT CONSENT FORM

Title of the study: Pilot Study for Testing the App-based Global Adolescent and Child Physical Activity Questionnaire

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Why am I being asked to take part in this research study?

We are developing a new app-based questionnaire to assess physical activity among 8- to 17-year-olds around the world. Before using it to collect data on physical activity, we need to know if the app works well for children and parents and if they understand the questions as intended.



You and your child(ren) are invited to participate in a study to test the app-based physical activity questionnaire, rate your satisfaction with the questionnaire, and comment on your experience using the app.

This form contains information about the study. You are free to ask questions about anything you do not understand. You will be given a copy of this form for your records.

What is the reason for doing the study?

Physical activity is associated with many health benefits for children and youth. By comparing data from many countries, we can find new ways to encourage physical activity. Yet, we lack a questionnaire to collect comparable physical activity data across countries. This is why we are developing a new questionnaire in collaboration with researchers in 14 countries.

What will I be asked to do?

You and your child(ren) will be asked to complete the app-based physical activity questionnaire. Then, you will be asked to rate your satisfaction with the questionnaire on a 5-point scale from poor to excellent using face emojis. You will also be asked to comment about your experience with the app.

How long will I be in this study?

Participation in this study should take 20-30 minutes. This includes filling out the questionnaire, rating your satisfaction and providing feedback. For your child(ren), the study will take place at the community organization where they received this form. You will be asked to complete the questionnaires on your own time using any device that can connect to Internet (e.g., tablet, smart phone, or computer).

What are the risks and discomforts?

The risks involved with participating in this study are no greater than those encountered in day-to-day life.

What are the benefits to me?

There may not be any direct benefit to you and your child(ren) from participating in this study. However, it will help us to develop a questionnaire that might collect better data on physical activity among children and youth around the world and in turn help promote healthy behaviours.

Do I have to take part in the study?

Being in this study is your choice. If you decide to be in the study, you can change your mind and stop being in the study at any time, and there will be no consequences for you and your child(ren). Your child will also be asked to provide assent and is free to decide to participate or not. Your consent and your child's assent are both needed to participate in the study. You can withdraw from the study at any time by contacting Dr. Larouche (richard.larouche@uleth.ca). If you withdraw, your data will be used unless you request that we delete all data collected from you and your child during the month following completion of the questionnaire. You do not have to answer questions that make you feel uncomfortable (if any).

Will I be paid to be in the research?

We will offer a \$10 Amazon gift card for your participation and your child's participation in the study (\$20 in total). If you decide to withdraw from the study after providing consent and after your child provides assent, you will still receive the gift card. We will send one \$20 gift card to you by email.

Will my information be kept private?

During the study, we will be collecting data about you. We will do everything we can to ensure that data is kept private. No data relating to this study that includes your name will be released outside the researcher's office or published by the researchers. Sometimes, by law, we may have to release your information with your name, so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private.

All data collected by the app will be stored in a secure password-protected data server located at the University of Lethbridge. Only members of the research team will have access to the data after signing a data sharing agreement with Dr. Larouche and the University of Lethbridge.

After the study is done, we will still need to store your data collected as part of the study securely. At the University of Lethbridge, we keep data stored for a minimum of 7 years after the end of the study.

What if I have questions?



If you have any questions about the study now or later, please contact Dr. Larouche via email (richard.larouche@uleth.ca) or phone at 403-332-4439.

If you have any questions about your rights as a research participant, you may contact the University of Alberta Research Ethics Office via email at reoffice@ualberta.ca. This office has no affiliation with the study investigators.

This study is sponsored by the Canadian Institutes of Health Research. Dr. Larouche received money to pay the expenses for the study.

How do I indicate my agreement to be in this study?

By signing below, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction.
- That you will be taking part in a research study.
- That you may freely leave the research study at any time.
- That you do not waive your legal rights by being in the study.
- That the legal and professional obligations of the investigators and involved institutions are not changed by your taking part in this study.

☐ **I consent to participate in this study**

☐ **I consent for my child to participate in this study**

SIGNATURE OF STUDY PARTICIPANT

Name of Participant

Name of Child(ren)

Signature of Participant

Date

Email Address (for sending information about the app)

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent

Contact Number

SIGNATURE OF THE WITNESS

Name of Witness

Signature of Witness

Date

A copy of this consent form has been given to you to keep for your records and reference.