Databrary
Assent to Share Self-Reported Health-Related Information
Script for Children Younger Than 12

Spoken to child by Experimenter:

Earlier, we asked you if you wanted to be in the study and if we could ask questions about your health. You said yes.

Right now, only the people who work in this room will know what you said about your health. We want to ask whether you say it is okay for us to let other scientists who don't work in this know about what you told us. There are many other scientists who want to learn about how children grow and change and stay healthy, but they can't because they don't work in this room.

If you say yes, only other scientists who have approval to use the library will know what you said about your health. Your friends, your teachers, and your classmates won't.

Please talk this over with your parents before you decide if you want information about your health to be in the library. I will also ask your parents to give their permission for your information to be in the library, but even if your parents say "yes" you can still say "no" and decide not to put your information in the library.

If you don't want information about your health to be in the library, we don't have to put it in there. Remember, having your information in the library is up to you. No one will be upset if you don't want it to be in there.

You can ask any questions that you have about the library. If you have a question later that you didn't think of now, you can call me or ask [your parents, teacher, whoever the child may choose] to call me at [telephone number].

Would you like to have information about your health stored in the library?

[Child answers yes or no; only a definite yes may be taken as permission to share.]

Child's Response: _____

If you can read and write, and want to have information about your health stored in the library, you can check the box.

Yes, I would like to have information about my health stored in the library.

Signatures

If you can read and write, sign your name here to show that you understand what we have talked about.

Your signature: Date:

Researcher obtaining permission: Date: