

Consent Verification

IF AGE <18 GO TO K_CONS3a

K_CONS3a TERMS OF CONSENT (AS TAKEN FROM THE APPROVED CONSENT FORM FOR PARENT OR GUARDIAN SIGNATURE PAGE)

Date Consent Signed

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF CONSENT

[IF VERSION NUMBER IS NOT 1, DISPLAY THE FOLLOWING WARNING: YOU HAVE ENTERED A VESRION NUMBER THAT IS NOT 1. PLEASE VERIFY THAT THE CORRECT PARENTAL CONSENT WAS SIGNED]

CONS_M_GUARDIAN_VERS FMT_NUMCAT.

K_CONS2a2 THE PARENT OR GUARDIAN INITIALED THE FOLLOWING FOLLOW-UP OPTIONS – MARK YES OR NO FOR EACH ONE.

<1> YES

<2> NO

1. I **have read or am aware** of all the facts in the **consent brochure**. I have asked questions and all of my questions have been answered to my satisfaction. I have read the consent brochure describing how my child's information will be shared. I know that I can call the SHOW main office if I have any other questions.

CONS_M_1 FMT_YES_NO.

2. I understand that I and my child can **choose to participate** in the survey and we can choose to stop participating at any time. I know that my child may **refuse to answer** any question.

CONS_M_2 FMT_YES_NO.

3. I agree to answer questions about my child and/or let my child be interviewed and measured in my home. I understand that these include tests of blood pressure, measurement of height and weight, and lung function.

CONS_M_3 FMT_YES_NO.

4. I agree that SHOW may call, send me a letter, and/or email me **about future studies** related to SHOW.

CONS_M_4 FMT_YES_NO.

5. I agree to have my child's **interview taped**. I understand that this is for quality assurance of the conduct of the study and that this tape will be destroyed and not kept as part of the database.

CONS_M_5 FMT_YES_NO.

6. I agree to let my child participate in **accelerometry**.

Consent Verification**CONS_M_6****FMT_YES_NO.****IF AGE < 7 THEN END SECTION****IF AGE >= 15 AND AGE < 18 THEN CONS4A****IF AGE >=7 AND AGE < 15 THEN CONS6A**

CONS4a ASSENT PROCESS COMPLETED WITH SIGNATURE (AS TAKEN FROM THE
SHOW ASSENT FORM FOR AGES 15-17)

Date Assent Signed by MINOR 15-17

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF ASSENT

**[IF VERSION NUMBER IS NOT 1, DISPLAY THE FOLLOWING WARNING: YOU
HAVE ENTERED A VERSION NUMBER THAT IS NOT 1 PLEASE VERIFY THAT THE
CORRECT CHILD ASSENT WAS SIGNED]**

CONS_M_ASSENT2_VERS**FMT_NUMCAT.****IF AGE >= 15 AND AGE < 18 THEN END SECTION**

CONS6a ASSENT PROCESS COMPLETED WITH SIGNATURE (AS TAKEN FROM THE
SHOW ASSENT FORM FOR AGES 7-14)

Date Assent Signed by MINOR 7-14

MONTH

DAY

YEAR

Interviewer's name

Interviewer's number

VERSION NUMBER OF ASSENT

**[IF VERSION NUMBER IS NOT 1, DISPLAY THE FOLLOWING WARNING: YOU
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CORRECT CHILD ASSENT WAS SIGNED]**

CONS_M_ASSENT1_VERS**FMT_NUMCAT.**