

Child Information Sheet (7-10 years old)

Title of Research Project: Rural & Urban Appendicitis Complications (RURAL Study).

Locality: **XXX**

Ethics committee ref.: **XXX**

Lead investigator: **XXX**

Contact phone number: **XXX**

Why am I being asked to be in the study?

- We think you have appendicitis (uh-pen-de-sigh-tus)
- Appendicitis happens to a lot of kids and we want to find out more about it and if there is anything we can improve.
- We are talking to as many families of children who have appendicitis in New Zealand as we can.
- We want to know about your appendicitis and how your family got you to the hospital.
- We want to know if anything could have been made easier in getting you here.
- This helps us know more about appendicitis and hopefully help out kids who get it in the future.

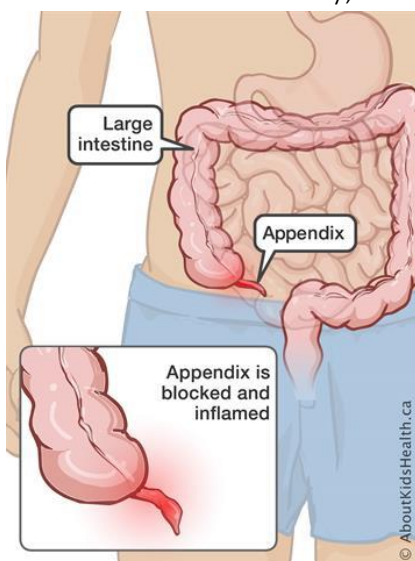


Your mum, dad, or the person taking care of you and your study doctor will tell you more about being in this study.

Your study doctor is Dr. **<name>**, and **<his/her>** phone number is **<number>**. You can call **<him/her>** any time you have any questions.

What does being a part of this study mean?

Our study doesn't mean you get more blood tests or operations or needles. This is an observational study, which means we will be recording and looking at information only related



to your appendicitis. This means things like:

- How long you have been sick for,
- How long you had to drive to get to hospital,
- Your temperature and heart rate,
- Your blood test results during this stay in hospital,
- What the doctors saw on your scans or operation (if you had one)
- If you came back to hospital within a month because of your appendicitis.

Taking part in this study means that nothing changes for you during your stay in hospital. But whilst you are in hospital, we will ask your parent(s)/caregiver(s) a few quick questions about your family and how you got to this hospital. It shouldn't take more than 20 minutes of their time.

Will being in this study help me?

RURAL (Rural vs Urban Appendicitis Complications) Version 1.2 (20th November 2019)
BM Elliott, C Harmston, on behalf of the STRATA Collaborative
NZ Coordinating Investigator (CI): Dr Brodie Elliott; Brodie.elliott@northlanddhb.org.nz
Local Consultant Lead: xxxxxxx

Not directly. We hope we might learn things that may help people who have the same sickness as you.

Do I have to be a part of this study?

No! If you or your parents decide not to take part for any reason you won't be in trouble with us or the hospital. All you have to do is tell your mum, dad or person taking care of you or your doctor that you don't want to be in the study any more. You will still be treated for your appendicitis.

What if there is a problem?

If you are worried about anything to do with the study, please ask your doctor or nurse who will do their best to answer your questions **Name:** [Emergency number- 24 hours]

Who do I contact for more information or if I have concerns?

If you, mum or dad or the person taking care of you have any questions, concerns or complaints about the study at any stage, you can contact:

Name, position

Telephone number

Email

If you want to talk to someone who isn't involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

For ADHB Māori Health support please contact:

He Kamaka Waiora (Māori Health Team) 09 486 8324 ext 2324

If you have any questions or complaints about the study you may contact the Auckland and Waitematā District Health Boards Māori Research Committee or Māori Research Advisor by telephoning 09 4868920 ext 3204

You can also contact the health and disability ethics committee (HDEC) that approved this study on:

Phone: 0800 4 ETHIC Email: hdecs@moh.govt.nz

Please take all the time you need to think about this study. You should talk to your family, friends or doctors about it.

If there are any words you don't understand please let us know and we can talk about it more.

Thank you for making the time to hear about taking part in this study!

Child Assent Form (Aged 7-10)

RURAL: Rural & Urban Appendicitis Complications Study

Participant's Name: _____ Date of Birth: _____
(Full Name in BLOCK CAPITALS) (Month/Year)

Please circle all you agree with:

Have you read this form (or had it read to you)?	Yes/No
Has the study doctor explained this study to you?	Yes/No
Do you understand what this study is about?	Yes/No
Have you asked all the questions you want?	Yes/No
Are you happy to take part in this research study?	Yes/No

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 in this study, please write your name, today's date and circle your choice below. You will be given a copy of this signed form.



Circle the Green Thumbs-Up if you **do** want to be a part of this study



Circle the Red Thumbs-Down if you **don't** want to be a part of this study

Participant's Full Name: _____

Participant's Signature for Assent: _____

Date: _____

Statement of Person Obtaining Informed Assent

I, the undersigned, have fully explained the details of this research study to the participant named above.

Name of Person Conducting Assent Discussion (Print)

Signature of Person Conducting Assent Discussion

Date