

Approval Date: March 19, 2015 Approved Consent Version No.: 1 Pl Name: Derek Cummings

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Oral Script to Obtain Assent from Children 13 (In nurse office)

Hi, my name is [interviewer's name]. I am doing a study of the acute respiratory illness with the University of Pittsburgh and Johns Hopkins University. Flu and other viruses make people sick. We would like to take a swab of your nose to find out if you have the flu or are sick with another virus. I am also going to ask you a few questions about how you feel now. It will take about 5 minutes. If you don't want to do this, you can say no at anytime. No one will be angry with you if you do not want to participate. If you don't want to answer any of the questions you don't have to.

The swab that we take from your nose may hurt. We will keep all the information that we collect from you confidential. Your name will not be on the sample that we collect. We will not share the answers to the questions we ask you or the results of the tests will run on your swab with anyone.

Do you have any questions?

Do you agree to take part in the study?