Appendix B: Informed Consent/Assent language, to be included on screen.

CONSENT/ASSENT TEXT

[Note: The following will be present at the bottom of the screen:

This research is authorized by Section 1701(a)(4) of the Public Health Service Act (42 U.S.C. 300u(a)(4)). Confidentiality protected by 5 U.S.C. 552(a) and (b) and 21 CFR part 20.

OMB Control #	Expires	
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[CHILD FIRST NAME] is you are being invited to participate in a research study about prescription drugs. The purpose of the study is to learn more about how people find information and make decisions about prescription drugs.

If you agree to [ett [CHILD FIRST NAME] participate, [he/she] you will look at an ad for a prescription drug on the computer and complete a survey. The survey includes questions about risks and benefits of prescription drugs, use of medications, and personal characteristics. There are also some questions about communication between parents and teenagers, particularly about medications.

There is no direct benefit to your child for participating. However, [CHILD FIRST NAME] you will help researchers learn how people make decisions about prescription drugs and the information they see in prescription drug advertisements.

There are no known risks to participating in this study. While the questions are not meant to be sensitive, there is always a chance that [CHILD FIRST NAME] you may feel uncomfortable with some of the questions. [CHILD FIRST NAME] does You do not have to answer any question that he or she doesn't you don't want to answer.

[CHILD FIRST NAME]'s Your personal information (name, address, phone number) will not be linked to any of his or her your responses. No participants will be identified in any report or publication of this project or its results.

[CHILD FIRST NAME]'s Your participation in this study is voluntary. [CHILD FIRST NAME] You may stop answering the survey questions at any time.

If you agree for [CHILD NAME] to participate in the survey, please let [him/her] know that it's okay with you if [he/she] answers our questions and please allow [him/her] to complete the survey in private, where no one else can see [his/her] answers. Your child's survey will appear on the next screen. If your child is not available right now, please close your browser and access the link again when your child is available.

NEXT (by clicking "next" I certify that I agree for my child to complete the survey in private.)