**Attachment L: Verbal Child Assent Script**

**OMB BURDEN STATEMENT**:  According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time to complete this information collection is estimated at 5 minutes, including the time for reviewing instructions and completing the information.

* Hello, my name is \_\_\_\_\_\_\_\_ and I am a researcher. That means I like to ask a lot of questions.
* This site was selected to try some new activities this summer and we want to know what you think. We also want to know what children your age like to eat and drink and activities you like to do in the summer.
* If you want to participate, a researcher will ask you questions just like we are talking now.
* It will take about 10 minutes for the interview.
* No friends, parents or people here will see your answers. Later, when we tell people what we learned, we will not use your name and no one will know who we are talking about.
* If you do not want to answer a question, you can skip it. You may stop being part of this project at any time by letting us know or you can tell any adult working here.
* Being part of this project is completely up to you. Your parent/caregiver has already given permission for you to participate. Whatever you choose is OK, and you can still do all of the activities here.

* Do you have any questions?
* Would you like to participate?

**NOTES TO RESEARCHER:** The child should answer “Yes” or “No.” Only a definite “Yes” may be taken as assent to participate. Verbal assent should be obtained prior to each study component – pre-test questionnaire, post-test questionnaire, and in-depth interview.