

## Attachment F-4. Consent Adult for Adol – English

*ASK IF INTTYPE=P AND PROXY AGE 12-17 (RANDOMLY SELECT 1 IF THERE IS MORE THAN 1)*

ADOL

Thank you so much for providing information about your [“child’s” OR “children’s”] experiences with head injuries in the past 12 months.

We would like your permission to speak to your [AGE] year old child directly to ask him or her some questions about their experience, if any, with head injuries. Allowing your child to participate in this study will add to the CDC’s knowledge about the circumstances surrounding head injuries and the groups most at risk for such injuries. There are minimal risks, and no known direct benefits to being in this voluntary study. To keep your child’s information private, their name will never be connected with their answers. CDC will keep the information that your child provides private and secure to the extent permitted by the law.

Even if you agree now, your child may choose not to participate.

1. CONTINUE

*ASK IF INTTYPE=P*

ASKADOL

May we conduct an interview with your [AGE] year old child?

01 YES

02 NO