

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Does the use of passive or active consent affect consent or completion rates, or dietary data quality? Repeat cross-sectional survey among school children aged 11-12 years
<b>AUTHORS</b>	Spence, Suzanne; White, Martin; Adamson, Ashley; Matthews, John

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Nigel Monaghan Public Health Wales Temple of Peace and Health Cathays Park Cardiff CF10 3NW
<b>REVIEW RETURNED</b>	01-Sep-2014

<b>GENERAL COMMENTS</b>	<p>Page 9 lines 178 to 183 and Table 2 last column. I am not sure that inclusion of the odds ratio column adds to the message in this table for a reader not familiar with how odds ratios are calculated. These could be removed without detracting from this good paper.</p> <p>Page 4 line 82 - clarity on the range of ages of children would help.</p> <p>Page 14 Lines 270-278 Some reference to the requirements of the UN Convention on the Rights of the Child (in particular the right of children to be as informed as possible in decisions made about them); and the potential, with appropriate paperwork/procedures, for older children to give "Gillick competent" consent would help others to use the learning from this paper most appropriately.</p> <p>In principle this paper is exploring the nature of parental consent. However children should be involved in decisions (they were here). Older children may be able to consent for themselves. If they are capable then they should be asked to consent or refuse.</p> <p>The learning from this study could usefully inform a range of surveys undertaken in school settings to address the needs of children. The addition of a little content on opportunities for "Gillick consent" would make it easier for others to apply the learning.</p>
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<b>REVIEWER</b>	Anna Pilgrim Medical Research Council Lifecourse Epidemiology Unit UK
<b>REVIEW RETURNED</b>	12-Sep-2014

<b>GENERAL COMMENTS</b>	Thank you for asking me to review this paper exploring the effect of
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	<p>method of consent on participation in research among 11-12 year old children.</p> <p>The paper compares two rounds of dietary data collection from the same six schools, using active parental consent in round 1 and passive parental consent in round 2. The need to improve recruitment in order to reduce sample bias is clearly described. You clearly emphasize the benefits of passive recruitment and how these are supported by the evidence you obtained your study.</p> <p>Results section of the abstract: Sentences 3 and 4 appear to contradict each other on first reading, although they are not contradictory. Maybe sentence 3 could say 'Passive consent improved completion likelihood' or similar? Sentence 4 'For children...etc' is unclear, is it necessary to say that the children who completed the study had been consented as that is implicit in them having completed the study? You should mention in the results section of the abstract something about dietary data quality as you comment on it in the background, methods and conclusion.</p> <p>Otherwise I found the paper to be very clearly written. The rationale, methods, results, discussion and conclusion are all presented with an easy flow throughout. Possible limitations are discussed.</p> <p>The paper is important because of its novelty and because of the implications for others wishing to undertake dietary (and possibly other) research in children.</p>
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### VERSION 1 – AUTHOR RESPONSE

#### Reviewer 1

Comment 1 Page 9 lines 178 to 183 and Table 2 last column. I am not sure that inclusion of the odds ratio column adds to the message in this table for a reader not familiar with how odds ratios are calculated. These could be removed without detracting from this good paper.

Response Thank you for this comment. The percentage consenting given in Table 2 is readily accessible and will indeed be more informative to those unfamiliar with ORs. Nevertheless, we would prefer to retain the OR column in this table, because the OR is the natural parameter for measuring change in the more complicated models that we use in subsequent analyses, and it is therefore useful to include the same measure in all tables.

Comment 2 Page 4 line 82 - clarity on the range of ages of children would help.

Response The ages of the children (11-12y olds) participating in this study have been added to line 140 (track changes version) and we have removed 'under the age of 16y'

Comment 3 Page 14 Lines 270-278 Some reference to the requirements of the UN Convention on the Rights of the Child (in particular the right of children to be as informed as possible in decisions made about them); and the potential, with appropriate paperwork/procedures, for older children to give "Gillick competent" consent would help others to use the learning from this paper most appropriately.

Response We have added a few lines to address this comment (lines 329-332 and lines 337-341 track changes copy). While we appreciate the reviewer's comment on applying this to other situations there is also caution in advocating the use of passive consent and a need to adhere to the factors we discussed in lines 332-334.

Reviewer 2

Comment 1 Results section of the abstract: Sentences 3 and 4 appear to contradict each other on first reading, although they are not contradictory. Maybe sentence 3 could say 'Passive consent improved completion likelihood' or similar? Sentence 4 'For children...etc' is unclear, is it necessary to say that the children who completed the study had been consented as that is implicit in them having completed the study?

Response We appreciate this may seem contradictory. Sentence 3 has been reworded to make clearer that it is in relation to 'all eligible children' (new sentence inserted to line 54). The reviewer is right that to complete it is implicit that children consented either passively or actively; sentence 4 has also been reworded for clarity (line 56). Reformatted abstract these lines are now: 86-88.

Comment 2 You should mention in the results section of the abstract something about dietary data quality as you comment on it in the background, methods and conclusion.

Response We have added a summary sentence into the results section of the abstract as suggested (lines 61-63). Abstract reformatted to guidelines – (line 90-92)

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Anna Pilgrim Medical Research Council Lifecourse Epidemiology Unit UK
<b>REVIEW RETURNED</b>	07-Oct-2014

<b>GENERAL COMMENTS</b>	Thank you for revising the abstract of this paper. It is now very clear and easy to understand.
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<b>REVIEWER</b>	Nigel Monaghan Public Health Wales, Wales
<b>REVIEW RETURNED</b>	23-Oct-2014

<b>GENERAL COMMENTS</b>	Although there is conclusion section in the abstract there is no equivalent summarising conclusion in the main paper. Adding the conclusion in the abstract to the paper would seem appropriate
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## VERSION 2 – AUTHOR RESPONSE

Reviewer 1

Comment 1 Although there is conclusion section in the abstract there is no equivalent summarising conclusion in the main paper. Adding the conclusion in the abstract to the paper would seem appropriate.

Response The concluding sentence from the abstract has been included as the final sentence in the main paper.

Reviewer 2

Comment 1 Thank you for revising the abstract of this paper. It is now very clear and easy to understand.

Response Thank you for this. No changes made.