



Verbal consent script for clinicians to use when enrolling parents at their practice

Hi! I wanted to let you know that our practice is working with the American Academy of Pediatrics, the University of Michigan, and the Children's Hospital of Philadelphia to learn how to improve children's nutrition and exercise habits. Your child [insert name] qualifies you to be in the study. You may have already received a letter and information sheet with additional study details in the mail. I have a paper copy of the information sheet here in the office – **would you like one?**

The study will last two years. During that time, you would:

- Allow a nutrition counselor at the University of Michigan to contact you by phone, email, and / or US mail for study-related purposes.
- Complete two surveys that ask questions about your child's health-related behaviors, and a survey about your satisfaction at the end.
- Have six phone calls with a nutrition counselor at no cost to you. Along with these calls, you can choose to get text messages about the study.
 - You can opt-out of text messages at any time,
 - Standard text and data costs from your mobile plan may apply.

You will also get email reminders about upcoming calls and surveys.

- Have approximately four office visits (about 15 minutes each) with [me / clinician name], as well as the usual well-child physicals.
 - You may be charged a co-pay, depending on your insurance plan.

Being in this study is voluntary

You can choose to stop being in the study at any time. How to do that is explained in the study information sheet. Stopping the study will not affect the care that your child receives at our practice. If you decide to stop the study, the study team will continue to use the information that you have provided up to that point, but won't collect any other information.

There are risks to participating and it is important that you understand what these mean to you

The study team will keep your personal information private and do its best to keep it secure. This includes study-related information about you and your child collected by surveys, during office visits with [me or clinician's name], during study telephone calls with a nutrition counselor, and from your text message responses. More details about this can be found on page 2 of the study information sheet.

This study has been approved by the Institutional Review Board (IRB) at the American Academy of Pediatrics. An IRB protects people who participate in research activities.

If you have questions about your rights during this study you may contact Erin Kelly, PhD, IRB Administrator at the American Academy of Pediatrics, at 630-626-6075.

Would you like me to repeat or explain more about any part of what we just talked about, or do you have any questions?

Do you agree to participate?

- Yes
- No → Thank you for your time today. You have chosen to not participate in this study. You will not receive any further study-related communications.

Do you agree to release the personal information as described above?

- Yes
- No → Thank you for your time today. You have chosen to not participate in this study. You will not receive any further study-related communications.

Documentation that the parent or guardian verbally consented to participate in this study, and provided HIPAA authorization, will be made in the EHR and via the University of Michigan study dashboard.

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