Appendix B: Consent Form

“Going to the orthodontist…
Your thoughts and feelings about going to see the orthodontist”

To be read and completed by participants of 16 years old and older or parents/guardian of participants under 16 years old

By signing this form I agree that the study described in the Participant Information Sheet has been explained to me and that I have been given a copy of the information sheet and the consent form. All my questions about the study have been answered and I have been given the name of the person who I may contact if I want any further information. I understand that I have the right not to take part in the study. I have been told that no matter what I decide to do, I will continue to receive care at the Faculty of Dentistry, University of Toronto. I have been assured that my name and information collected will be known only to people who are helping with the study and will be not used on any documents reporting the results from the study. To assure confidentiality, data will only be presented in aggregate. I have been informed that if I have any questions about me and my child’s rights as a research participant I may contact: Ethics Review Office, University of Toronto, Tel. 416-946-3273.

For participants of 12, 13, 14 or 15 years old (parent’s/guardian’s signature):

I hereby consent for my child ____________________________to participate.  
(name of child)

______________________________________________________________
Parent’s or Guardian’s name                                      Parent’s or Guardian’s signature

Date: __________________________

For participants of 16 years old and older (participant’s signature):

I _______________________ hereby consent to participate.

______________________________________________________________
Participant’s name                                               Participant’s signature

Date ________________________
Appendix C: Assent form

“Going to see the orthodontist… Your thoughts and feelings about going to see the orthodontist ”

To be read and completed by participants under 16 years old and their parents/guardian

Investigators:
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Why are we doing this study?
We are doing this study to find out about your thoughts and feelings about going to the orthodontist.

What will happen during this study?
The patients will fill out a questionnaire prior to see the orthodontist or the students. This will take between 10 to 20 minutes. Some questions will ask about your thoughts and feelings about going to see the dentist and about your thought and feelings about going to see the orthodontist. Other questions will ask about your levels of concerns about specific procedures when you go to see the orthodontist.

Are there good things and bad things about this study?
No. There is nothing in this study that can hurt you. There are no right or wrong answers. The things you tell us will help orthodontists to be better at treating children like you. There is nothing in this study that can hurt either you. However, you will not benefit directly from taking part in the study. There is no risk to lose your place/appointment while filling the questionnaire.

Who will know about what I did in the study?
Only people who are helping with the study will see your responses to the questions. Your name will not be used anywhere. All information contained in this questionnaire will be confidential. You will not be identified in any way when the results will be prepared. To assure confidentiality, data will only be presented in aggregate.

Do I have to take part in the study?
No. Only you can decide if you want to be in the study. You have the rights not to participate even if your parents or guardian want you to. If you decide not to be part in the study, you do not have to fill the questionnaire. Simply return the blank questionnaire in the sealed envelope and no one will know who completed the questionnaire and who didn't. Your decision will not affect any future orthodontic treatment at the Faculty of Dentistry. Please note that you need to be at least 12 years of age and able to understand and read English to participate.

ASSENT:
“I was present when ____________________________ was given the above information about the study and he/she gave his/her verbal assent”

Name of the person who obtained assent

______________________________
Signature of the person who obtained assent

Date