**Assessment of Understanding using a Modified Quality of informed consent tool**

When you signed the consent form to participate in the *[name of trial]* study, how well did you understand the following aspects of the study? If you didn’t understand the item at all please circle 1. If you understood it very well, please circle 5. If you understand it somewhat, please circle a number between 1 and 5.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I did not understand this at all | |  | I understood this very well | |
|  | 1 | 2 | 3 | 4 | 5 |
| How well did you understand that the *[name of the trial]* study is a research study? |  |  |  |  |  |
| How well did you understand what the researchers are trying to find out in the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand for how long you/ your child will be in the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand the procedures that you/ your child would undergo as part of the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand which of the study procedures are experimental? |  |  |  |  |  |
| How well did you understand the possible risks and discomforts from your/ your child’s participation in the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand the effect of the *[name of the trial]* study on the confidentiality of your/ your child’s medical records? |  |  |  |  |  |
| How well did you understand who will pay for you/ your child’s treatment if you are injured or become ill as a result of participation in the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand the possible benefits of participating in the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand that you/ your child’s participation in the *[name of the trial]* study may benefit future patients? |  |  |  |  |  |
| How well did you understand who you should contact if you have any questions or concerns about the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand the fact that your participation in the *[name of the trial]* study is voluntary? |  |  |  |  |  |
| How well did you understand the alternatives to  participation in the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand that your/ your child’s *[blood]* sample will be stored as part of the *[name of the trial]* study? |  |  |  |  |  |
| How well did you understand that the researcher will provide me with results of genetic tests conducted on my/ my child’s *[blood]* samples? |  |  |  |  |  |
| How well did you understand that the researcher will store my/ my child’s *[blood]* sample and use it for undefined research in the future? |  |  |  |  |  |
| Overall, how well did you understand the *[name of the trial]* study when you signed the consent form? |  |  |  |  |  |

*<<Only maintain those that are applicable to your research study>>*