

Evaluation of the speed of adaptation with myopia management spectacle lenses in children

Child Information Sheet



What is this study about:

There are some new lenses that may help your eyes, we would like to try these on you and do some tests that you have done at the Opticians.

What will happen to me in this study?

You will have 5 appointments at the Aston Eye Clinic.

On the first appointment we will check what you can see (your vision) using some machines which have lights or pictures for you to look at. None of these machines touch your eyes and they will not hurt you.

We will put drops in your eyes like you may have had at the Opticians- these drops make your eyes a bit blurry(fuzzy) and will make your pupils bigger for a few hours.

You will choose new glasses and you will have these new lenses put in them and then take them home to wear for 1 week.

You will come back after a week, and we will check what you can see and take some measurements with some machines again.





Do I have to take part?

No, you don't have to take part if you don't want to. Even if you say yes now but change your mind that is ok. You will not get in trouble from anyone.

What will I get from the study?

When the study is finished you can keep the glasses you could see the best out of.



Is there any not so good things that may happen during this study?

The drops that we use will make your eyes blurry(fuzzy) and your pupils bigger. But all this will go away in a day or so.

When you wear the different glasses, it may feel a little bit odd, but you will get used to them quickly.

If you have any problems and you don't feel happy then please talk to your carer, guardian or us at any time- we are all here for you.



ASSENT FORM

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Voluntary Participation:

1. I know what this study is about. I have asked all the questions that I had and I am happy with the answers from the study investigator and my carer, guardian, or the person who looks after me.

2. I know that I am free to say no now, and I will also be free to say no later, if I do not want to be in the study anymore.

☐ *Yes, I want to take part in the study

☐ *No, I do not want to take part in the study

*(Tick where applicable)

_____	_____	_____
Your name (Participant)	Date	Your Signature

_____	_____	_____
Name of person explaining assent	Date	Signature

_____	_____	_____
Name of Investigator	Date	Signature

OR

N/A If Investigator is person explaining assent