

Evaluation of clinical acceptance of novel myopia management spectacle lenses in anisometropic 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 lenses on children like yourself and do some tests on you, similar to what you have done at the Opticians, to see how they affect your eyes and vision.

What will happen to me in this study?

You will have up to 5 appointments at the Aston University Eye Clinic.

On the first visit, we will do some tests to check your vision. We will use some instruments which have lights or pictures for you to look at. None of these machines will touch your eyes and they will not hurt you in any way.

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

You will choose a new pair of glasses and you will have these new lenses put in them. You will take them home with you to wear for 1 year.

You will then come back 3-, 6- and 12-month after wearing the new glasses. We will check your vision 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- it is up to you. Even if you say yes now but later change your mind that is ok as well- You will not get in trouble from anyone.

What will I get from the study?

You will get a new pair of glasses to keep when you take part. We will monitor your eyesight over the year. We will then understand more how these new lenses feel for children like you and whether they help your eyes to grow normally.

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

The drops that we put in your eyes will make your eyes blurry and a bit sensitive to light for up to 48 hours. Your pupils will also look bigger, but all this will go away in a day or so.

When you wear these glasses, it may feel a little bit strange / different at first, but you will get used to them quickly.

If at any time 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 during this project.



ASSENT FORM

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

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 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