Your mother/father has said it was okay for you to have your sleep recorded at home again like you already did several years ago. You may not sleep as well as usual during because of all the wires attached to your head and the vest which you will wear. The doctor is trying to see how many children have problems with their breathing while they sleep. The study doctor is asking you to try to wear the sleep recorder for one more night. You will also be asked to fill out some questionnaires. You do not have to answer any questions that you don’t want to answer.

You will also go to a clinic for some tests of your memory, attention, and other skills. During the tests, you will be asked a lot of questions. You will be asked to identify and remember letters and objects, read words and sentences, add and subtract numbers, and move pegs and colored balls. You and your parent(s) will also be asked to complete questionnaires about your sleep and behavior. These tests cause no pain, but may be boring. These tests will take up to 3 hours to complete, but you will have breaks between them. The study doctor is asking you to go to the clinic for these tests.

If you have any questions now or later, you may ask them at any time and the doctor or study coordinator will answer them. By signing below, you agree to be in this study.

You do not have to be in this research study and you can stop at any time.

Do you have any questions? Is it OK?

____________________  __________________________
Child’s Name (print)     Signature   Date

____________________________________  ____________________________
Presenter (Print name)          Position on Research Team

____________________
Signature of Presenter

____________________
Signature of Investigator

Tucson Children's Assessment of Sleep Apnea Study 2 (TuCASA2)  
Minor's Assent Form (Phase 1)