JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

INFORMED CONSENT DOCUMENT

Study Title: Prenatal Indicators of Development
Principal Investigator: Janet DiPietro, Ph.D.
IRB No.: 00001436
PI Version Date: 02.10.2009

What you should know about this study:
• You are being asked to join a research study.
• This consent form explains the research study and your part in the study.
• Please read it carefully and take as much time as you need.
• You are a volunteer. You can choose not to take part and if you join, you may quit at any time. There will be no penalty if you decide to quit the study.
• During the study, we will tell you if we learn any new information that might affect whether you wish to continue to be in the study.

Purpose of Research Project:
The purpose of this research study is to learn how fetal development before birth may predict about child development after birth. You have been asked to be in this study because you were in our study of fetal development when you were pregnant.

Procedure:
You will be interviewed about your child’s development by phone during a time that is convenient to you. You will then be asked to fill out three questionnaires that deal with your child’s behavior and development and mail those back to us in a stamped, addressed envelope.

Risks/Discomforts:
You may be uncomfortable about telling us about difficulties in your child’s development.

Benefits:
There are no direct benefits to you or your child. However, if you have concerns about your child’s behavior or development, we can refer you to individuals or services that may be able to assist.

Confidentiality:
The information you provide us is confidential and we will use the same ID number we used when you participated during pregnancy so we can link that information to your child now. We will keep a separate list linking your ID number with your name; these will be stored in locked file cabinets. Your name will not appear in reports of this research.
Payment for participating:
You will receive a $20.00 gift card when you return your questionnaires to us.

Who do I call if I have questions or problems?

- Call the principal investigator, Janet DiPietro, at 410.955.8536, if you have questions about the study.
- Call or contact the Johns Hopkins Bloomberg School of Public Health IRB Office if you have questions about your rights as a research participant or if you think you have not been treated fairly. The IRB contact information is:
  Address: Johns Hopkins Bloomberg School of Public Health
  615 N. Wolfe Street, Suite E1100
  Baltimore, MD 21205
  Telephone: 410-955-3193
  Toll Free: 1-888-262-3242
  Fax: 410-502-0584
  E-mail: irboffice@jhsph.edu

What does your signature on this consent form mean?

Your signature on this form means:

- You have been informed about this study’s purpose, procedures, possible benefits and risks.
- You have been given the chance to ask questions before you sign.
- You have voluntarily agreed to be in this study.

________________________   _____________________________   __________
Print name of Adult Participant              Signature of Adult Participant                          Date

Give one copy to the participant and keep one copy in study records