## DEPARTMENT OF OPHTHALMOLOGY

Faculty of Medical and Health Sciences

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## MEDICAL AND HEALTH SCIENCES

# CHILD PARTICIPANT INFORMATION SHEET

Title: Screen use and dry eye: a survey of New Zealand children and adolescents

### Introduction

Kia ora!

My name is Julie Cullen, and I am a student at the University of Auckland.

I am trying to find out more about how tamariki and rangatahi (child/youth) health is affected by screen media use, and other things like sleep, posture and time outside.

#### You are invited to take part in this anonymous survey.

Please take a moment to read this information sheet before deciding whether you'd like to participate. You can ask your whanau (family) to read through it with you if you would like.

### Will my information be private?

We will keep your information private. Only the researchers will see your responses, and we will not collect any personal information about you (such as your name or email) - so no one will know the survey is from you.

The survey should take no more than 10 minutes of your time.

Your input is important, and will help us to:

- Understand how kids are using screen media
- Understand how eyes are affected by long-term extended screen time
- Help us to design better studies in the future
- Give kids information on how to use screens more safely

## **Project description**

Where? Online, you can choose where to fill it in.

When? Right now!



If you would rather not fill in this survey then that is fine, you do not have to.

If you have any questions about the survey, you can contact us on.....

## Participation

Your participation is entirely voluntary. If you would rather not fill in this survey then that is **fine**, you **do not** have to.

## Benefits, risks and safety

There are no immediate benefits to you by filling in our survey, you will just be helping us to learn more. There are no risks to you filling in this survey either.

### Confidentiality, data storage and future use

All of the information (data!) collected in this survey will not be traceable to you.

Data will be stored securely on password-protected computers and secure computer networks, accessible only by the investigators.

We'll keep the data for at least 10 years so we can use it in the future to compare to other studies. Then, when we no longer need it, we will safely destroy it. If you don't want your untraceable data used in this way, you should not complete the survey.

Since the survey is anonymous, you cannot be personally identified in any reports on this study.

## Right to Withdraw from Participation

Taking part is completely voluntary.

You do not have to take part, and can stop filling in the survey part way through before submitting your response. Once you submit your response, we cannot identify your information, so your responses cannot be withdrawn after submission.

Thank you for considering helping us!

If you have any questions about the survey, you can contact us on the email and phone numbers below.

#### **Researcher names and contact details**

Thank you for your help in making this study possible. If you have any queries or wish to know more about the research project, please contact the researchers below.

#### Student Researcher

Mrs Julie Cullen Department of Ophthalmology, The University of Auckland Private Bag 92019, Auckland, 1142 Email: jcul622@aucklanduni.ac.nz Phone: 022 EYE PAIN

### **Principal Investigator and Supervisor**

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#### **Head of Department**

#### **Professor Charles N.J. McGhee**

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If you require Māori cultural support, talk to your whānau in the first instance. Alternatively, you may contact lwi United Engaged consultant Misty Edmonds by emailing misty@iue.net.nz.

For concerns of an ethical nature, you can contact the Chair of the Auckland Health Research Ethics Committee at ahrec@auckland.ac.nz or at 373 7599 ext 83711, or at Auckland Health Research Ethics Committee, The University of Auckland, Private Bag 92019, Auckland 1142.

#### Approved by the Auckland Health Research Ethics Committee on 22 JUL 2024 for three years. Reference number 27486