

# The University of British Columbia

## Research Registration

Parenting Laboratory, Psychology Department

2136 West Mall, Vancouver, B.C. V6T 1Z4

Phone: 604-822-9037

We would like to thank you for giving us your time today and helping with our research. Studies like this can only be carried out with the support of people like yourself.

If you would like to hear about projects like this one in the future please consider joining our Register of Volunteers. Being a member of our Registry means that we can contact you to find out if you and your family are interested in taking part in our research in the future. Being a member, you will also receive a biannual newsletter update, which provides information on recent findings from our completed studies, and on current and upcoming studies being conducted by the Parenting Lab. You are welcome to refuse to participate in any study that you feel is inappropriate for you and you can ask to be taken off the Registry at any time.

Any information on the Registry is kept strictly confidential and will be used only by members of the Parenting Lab. If you have any questions about what is involved please ask the researcher who will be happy to answer any questions or call Dr. Johnston at 604-822-6771.

If you would like to join our Register please fill in this form. However, you are under no obligation to join.

Yours truly,  
Dr. Charlotte Johnston  
Professor of Psychology

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Please indicate your preference for involvement below. (Please fill in **all** the blanks/boxes that apply)

I would like to hear about future Parenting Lab research projects by:    phone    OR    email

I would like to receive your newsletter update by:  
 mail    OR     email

Parents' Name:

Address:

Telephone Number:

City

Email:

Postal Code:

Children's Names AND Date of Birth

\_\_\_\_\_ M    F    \_\_\_\_\_  M  F  
Name                      Birthdate (MM/DD/YYYY)                      Name                      Birthdate (MM/DD/YYYY)

\_\_\_\_\_  M  F    \_\_\_\_\_  M  F  
Name                      Birthdate (MM/DD/YYYY)                      Name                      Birthdate (MM/DD/YYYY)

Have any of your children been diagnosed with ADHD/ADD? (Please Check Box)     Yes     No

If yes, which child(ren)?

Do any of your children have any other behavioral problems? (Please Describe)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_