

## Informed consent

To participate in the research **Cohort '18 - Hungarian Birth Cohort Study** conducted  
by the Hungarian Demographic Research Institute

### Key information about data collection

**By filling in the form of consent below, you agree to provide data for the long-term Hungarian Birth Cohort Study called 'Cohort '18'.** The 2011 CXII law on the right of self-determination and the freedom of information, § 5, paragraph 1(a) determines the possible ways of assent.

This assent also extends to subsequent phases of the research, when you may be contacted.

Throughout the research, the Hungarian Demographic Research Institute will use your personal data exclusively to contact you (arrange the contact), and to connect the various data collections.

The Hungarian Demographic Research Institute will manage data that can identify you personally with particular attention, treating them as strictly separate, not building them into the research database and not giving them out to third parties, apart from when carrying out the administrative data connection.

Participation in the research is voluntary. Participation can be interrupted at any stage of the research.

### Consent to participate in the data collection of the 'Cohort '18' Study as a respondent

I hereby agree to participate in the data collection of the 'Cohort '18' Study as a respondent, and accept the contact made in relation to the research. In that framework, I consent to the Hungarian Demographic Research Institute using my personal data and the personal data of my child/children to be born, exclusively for the purposes, and within the framework, of the 'Cohort '18' Study, and while handling them strictly separately, using them to connect the Cohort '18 research databases. I also consent to the connection of my data and the data of my child/children in the prenatal care book and in the birth notification system to the 'Cohort '18' research database.

### Consent to the use of data from the state administration systems and the social security identification

I hereby agree to Hungarian Demographic Research Institute using my data and the data of my child/children to be born from the state's administrative public service and public administration systems exclusively for the purposes, and within the framework, of the Cohort '18 Study, and channelling these into its research database by individual identifiers. For this purpose exclusively, I also agree to the use of my social security identification (social security number), including the social security identification (social security number) of my child/children.

The identifier of the child to be born: \_\_\_\_\_

#### IN CASE OF TWIN PREGNANCY

2. FOETUS	_____
3. FOETUS	_____
4. FOETUS	_____

Person participating in the data collection as a data provider:

Name: \_\_\_\_\_

Birth (maiden) name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

Social security identification (social security number): \_\_\_\_\_

Official address: \_\_\_\_\_

Actual address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

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

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

In case of a pregnant minor

**Informed consent**  
**(on the part of her legal representative)**

To participate in the research **Cohort '18 - Hungarian Birth Cohort Study** conducted by the Hungarian Demographic Research Institute

**Key information about data collection**

**By filling in the form of consent below, you agree to the minor you represent providing data for the long-term Hungarian Birth Cohort Study called 'Cohort '18'.** The 2011 CXII law on the right of self-determination and the freedom of information, § 5, paragraph 1(a) determines the possible ways of assent.

This assent also extends to subsequent phases of the research, when she may be contacted.

Throughout the research, the Hungarian Demographic Research Institute will use the personal data of the minor you represent exclusively to contact her (arrange the contact), and to connect the various data collections.

The Hungarian Demographic Research Institute will manage data that can personally identify the minor you represent with particular attention, treating them as strictly separate, not building them into the research database and not giving them out to third parties, apart from when carrying out the administrative data connection.

Participation in the research is voluntary. Participation can be interrupted at any stage of the research.

**Consent to participate in the data collection of the 'Cohort '18' Study as a respondent**

I hereby agree to the minor I represent participating in the data collection of the 'Cohort '18' Study as a respondent, and accept the contact made in relation to the research. In that framework, I consent to the Hungarian Demographic Research Institute using the personal data of the minor I represent and the personal data of her child/children to be born, exclusively for the purpose and within the framework of the 'Cohort '18' Study, and while handling them strictly separately, using them to connect the 'Cohort '18' research databases. I also consent to the connection of the data of the minor I represent and the data of her child/children to be born in the prenatal care book and in the birth notification system to the 'Cohort '18' research database.

**Consent to the use of data from the state administration systems and the social security identification**

I hereby agree to Hungarian Demographic Research Institute using the data of the minor I represent and the data of her child/children to be born from the state's administrative public service and public administration systems exclusively for the purpose, and within the framework, of the 'Cohort '18' Study, and channelling these into its research database by individual identifiers. For this purpose exclusively, I also agree to the use of the social security identification (social security numbers) of the minor I represent and her child/children.

Person participating in the data collection as a data provider:

Name: \_\_\_\_\_  
Name at birth: \_\_\_\_\_  
Mother's name: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Official address: \_\_\_\_\_  
Actual address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_ @ \_\_\_\_\_

The legal representative of the person participating in the data collection as a data provider:

Surname: \_\_\_\_\_  
Given name: \_\_\_\_\_  
Official address: \_\_\_\_\_  
\_\_\_\_\_

The identifier of the child to be born: \_\_\_\_\_

IN CASE OF TWIN PREGNANCY

2. FOETUS	_____
3. FOETUS	_____
4. FOETUS	_____

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

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

# Address card

← Detach from the informed consent and store in the health visitor's folder!

## DATA NEEDED FOR CONTACT, STORED SEPARATELY FROM THE DATABASE

Name of the pregnant woman:

\_\_\_\_\_

Email address used by the pregnant woman:

\_\_\_\_\_@\_\_\_\_\_

Identifier of the child to be born: \_\_\_\_\_

Official, registered address:

IN CASE OF TWIN PREGNANCY	
2. FOETUS	_____
3. FOETUS	_____
4. FOETUS	_____

Actual address, place of dwelling (if different from the official address):

\_\_\_\_\_

Actual address at the 6-month interview (if it has changed and differs from the former one):

\_\_\_\_\_

Phone number of the pregnant woman: \_\_\_\_\_

## PRENATAL DATA COLLECTION

Date of filling in the informed consent: year: \_\_\_\_\_ month: \_\_\_\_ day: \_\_\_\_

Date of the prenatal interview: year: \_\_\_\_\_ month: \_\_\_\_ day: \_\_\_\_

Type of prenatal interview: \_\_\_\_\_ interview in Hungarian/self-administered questionnaire  
in a foreign language

Other comment:

\_\_\_\_\_

## 6-MONTH DATA COLLECTION

Actual delivery date: \_\_\_\_\_ year: \_\_\_\_\_ month: \_\_\_\_ day: \_\_\_\_

Type of the 6-month interview (please underline): \_\_\_\_\_ conventional/proxy/interview failed

If failed, the reason for failure:

\_\_\_\_\_

Date of the 6-month interview: year: \_\_\_\_ month: \_\_\_\_ day: \_\_\_\_

Other comment:

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**Statement of the health visitor:**

I, the undersigned health visitor conducting data collection, hereby state that (1) I have conducted the research interviews with the pregnant woman myself, (2) I have carried out my work according to the regulations of data collection and privacy rights and have not made the personal data I have gathered during the research available to any other person or organization not participating in the study, (3) I assent to the researchers of HDRI inspecting my work.

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

Signature: \_\_