

Informed Consent Document

For the research study:

The Effects of Age on the Internal and External Controls of Behavior and the Perception of those Controls Over Time

This study is being conducted by Sara Jones, a PhD Candidate at Brandeis University. Dr. Candace Stapleton, Professor of Psychology, is overseeing the research.

Please read this form carefully – it tells you about your rights in this study. Ask questions if you want more information about this form or the study.

If you decide to participate in this study you will sign this form – make sure you understand it completely before signing. Keep a copy of this form for your records – it has important information like whom to contact if you have questions later.

What is this study about?

What people think about their behavior at different ages in their life.

Who are we asking to participate?

Anyone at least 18 years old, who grew up in the United States.

What will you be asked to do?

There are three parts to this study – you **do not** have to participate in all three parts:

1. Today we will ask you to complete a questionnaire (a set of questions). It will ask you about yourself and your thoughts about your behavior at different ages. This will take you about 30 minutes.
2. We would like to interview you in about two weeks. This interview will take about 45 minutes – we can do it here or somewhere more convenient or comfortable for you, like a coffee shop.

We would like to record you during the interview. If you don't want to be recorded, that's okay – you can still participate. Before you sign this form, we will ask for your permission to be recorded.

3. We would like you to participate in a focus group (a group discussion) in about a month. Everyone in the group will have participated in an interview – we will talk about common topics that came up during the interviews. This discussion will take about 1.5 hours – it will be held in the public library on Main Street in Waltham.

Are there any possible risks to you?

Some questions may make you feel uncomfortable. If they do, you can skip the question – or ask the interviewer to move on to another topic. You can also quit the study completely at any time.

Your information could be accidentally leaked to people not connected with this study. We will do everything we can to make sure this doesn't happen.

Note that we cannot guarantee that others in the group discussion will keep what you say private. When you sign this form, you agree to not talk about what was said in the group with anyone not part of the group. Everyone in the group will have agreed to this – but we cannot guarantee that everyone will keep their promise.

Will you benefit from participation?

No – you will not. But we hope to learn more about why and how people think they behave at different ages.

Will it cost you anything to participate?

Just your time (30 minutes for the questionnaire, 45 minutes for the interview, and 1.5 hours for the group discussion) and any travel costs.

Will you receive anything for participating in the study?

- You will be paid \$10 for the questionnaire – even if you skip questions.
- You will be paid \$15 for the interview – even if you stop the interview early.
- You will be paid \$30 for the group discussion – even if you leave early.

How will we keep your information private?

It is possible that other people may need to see the data from this study. These people are responsible for making sure the research is done safely and properly, and will also keep your information confidential.

We will use a random code to keep track of your answers. The code will link your answers to your name through a master list that will be stored separately from your answers.

The recording of your interview will be copied into print and erased. Any information that could directly identify you will be deleted. Your answers will be stored in a database protected by a password.

When we publish what we have learned, everyone's answers will be combined – this will make it harder for someone to figure out which answers are yours.

What will happen with your answers after this study?

We will store your answers – without information that can identify you – indefinitely.

If you agree, we would like to store your de-identified answers in a place where we can share them with other researchers (called a digital repository). This allows other researchers to use this information in their own future research.

If you don't want us to share your answers with other researchers, that's okay. Before you sign this form, we will ask for your permission to share your answers.

What if you don't want to participate or change your mind partway through?

Participating in this study is completely voluntary. You can refuse to participate or quit at any time.

You may also refuse to answer specific questions– simply skip them on the questionnaire or ask the interviewer to move on to another topic.

Who can you call if you have more questions?

If you have any questions about the research or your participation in the study, feel free to contact Ms. Jones at 781-736-0101 or SaraJones@brandeis.edu, or Dr. Stapleton at 781-736-0202 or CandaceStapleton@brandeis.edu.

This research was approved by an office/committee that oversees the ethics of human subjects research at Brandeis University. If you have any questions about your rights or concerns about the study, you may contact them at 781-736-8133 or hrpp@brandeis.edu

Subject Consent

I have read this consent form completely. I have been encouraged to ask questions, and have received helpful answers. I understand that:

- My participation is voluntary
- I may quit at any time without penalty

☐ I do ☐ I do not give you permission to record me during the interview.

☐ I do ☐ I do not give you permission to share my answers – with no identifying information – with other researchers for future studies.

By signing this form, I agree to not share what is said in the group discussion with anyone not part of the group.

I voluntarily agree to participate in this study.

Participant's Signature _____ Date _____

Investigator's Signature _____ Date _____