

# Establishment of a Material Database for PTSS Induced by Analogue Trauma Paradigm in the Field of Civil Aviation

## Informed Consent Form for Experimental Participants

(Approved at the 10th plenary meeting of the HuanYe Psychological Group Research Institutional Review Board on March 15, 2022)

**Dear participant, hello!**

**Thank you for your dedication to the development of psychology and the project titled "Establishment of a Material Database for PTSS Induced by Analogue Trauma Paradigm in the Field of Civil Aviation". To safeguard your ethical, legal, and other rights, please read this informed consent form carefully, fully understand the risks and benefits associated with this study, and sign at the end after fully comprehending and agreeing to the contents.**

### I. Important Notice

- 1.The research you are participating in consists of one experiment, which is a formal experiment lasting from two to three days (depending on your specific situation). Before the experiment, you will need to wear the wrist-worn device provided by us. At any time during any step of the experiment, you have the right to directly request to withdraw from the experiment and receive your earnings.
2. This experiment does not involve any of your personal privacy information. The data obtained from the experiment has no connection to you personally, and it will undergo data desensitization processing. In principle, it will only be used within this study. If we intend to use the data collected from this experiment in other studies, we will obtain your explicit consent in advance.
3. All your rights and interests are protected by the HuanYe Psychology Group Institutional Review Board (IRB). If you feel that your rights and interests are infringed during the experiment, you can directly contact and report to the HuanYe Psychology Group Institutional Review Board. The IRB will do its utmost to protect your personal rights and interests from any external factors.
4. This experiment has exclusion criteria for participants. When completing the participant exclusion questionnaire, please ensure that the information you provide is true and valid to avoid any psychological or physiological harm caused by the experiment. If you meet the exclusion criteria in the questionnaire, you are not eligible to participate in this experiment and do not need to sign this document.
5. If any step of the experiment causes you any discomfort, please notify the experimenter in a timely manner and withdraw from the experiment, and collect your experimental benefits.
6. This experiment involves video viewing in a dimly lit environment. When exposed to specific light patterns or flashing lights, a very small percentage of the population may experience seizures. This situation may be caused by certain undetected epilepsy symptoms, even if you do not have a history of epilepsy. If you experience any symptoms during the experiment, including dizziness, vertigo, eye or muscle twitching, loss of consciousness, loss of sense of direction, convulsions, or any uncontrollable movements, please report to the experimenter immediately and withdraw from the experiment. We will provide you with appropriate medical support.

### II. Experimental Content and Simple Requirements

- The content of this experiment is to explore how two different videos induce specific symptoms (known as Post-Traumatic Stress Symptoms, PTSS) in you. The experimental procedure is as follows:
1. You will first complete a scale, and then, based on your participant number, watch one of the two videos mentioned above alone in a dimly lit environment (please note that, depending on your participant number, the video you see may differ from that of other participants. Please refrain from discussing the content of the video you see with other participants).
  2. Within 10 minutes of completing the viewing, you will need to complete another scale. These two scales are only related to your participant ID and have no connection to your personal information, including privacy and academic matters. Please ensure that you fill in the information carefully and accurately.
  - 3.After completing the aforementioned experiment, you are required to stay in the rest area for observation for 1 hour. During this period, you may engage in entertainment activities such as chatting and watching videos using smart devices.

- 4.After the observation period, the experimenter will measure your heart rate, blood pressure, electroencephalogram, and other data to ensure that you have returned to a calm state. At this point, you may leave the laboratory and wait for subsequent experiments.

If you cannot regain calmness in this step, we will terminate your subsequent experiments and proceed according to "III. Any Benefits You Have Gained" in the following text Provide assistance.

### III. Any benefits you have gained

1. After signing this informed consent form, regardless of the progress of the experiment, you will receive all the benefits described below.
2. Your compensation for the time occupied by the experiment is 100.00 RMB.
3. HuanYe Psychological Group will conduct monthly mental health follow-ups for you for a period of two years to ensure that this experiment has not caused any substantial issues to your mental health.
4. During the experiment, HuanYe Psychology Group will provide all necessary psychological assistance measures to all participants free of charge.

### IV. Possible risks and countermeasures

1. In this experiment, you may experience psychological discomfort, which may manifest as repeated images flashing in your mind, panic, nightmares after the experiment, anxiety, depression, etc. However, these symptoms will disappear within one week (seven calendar days) after the experiment ends. If they do not disappear, you can refer to the "III. Any Benefits You May Have" section above for free assistance.
2. This experiment involves video viewing in a dimly lit environment, which may induce photosensitive epilepsy (see item 6 of "I. Important Notes"). To this end, we have set up a button on the chair in the room where you will be watching the video. You can press the button at any time to pause the video and call the experimenter. This button is not specifically designed for photosensitive epilepsy, and you can use it whenever you feel any discomfort.
- 3.During the experiment and for a period of time after its conclusion, you may experience physiological discomfort, including increased heart rate (palpitations) and elevated blood pressure. However, these symptoms generally disappear within one hour after the experiment ends. If they do not subside, you can refer to the aforementioned "III. Any Benefits You May Have Received" for free assistance.

### V. Privacy Protection

- 1.Your personal privacy is the most important aspect during the experiment. Except for the primary experimenter who you are currently facing and signing with, no other experiment staff or experimenters will know your true identity.
2. Your identity in all experiments will be marked only by a numerical code, which is randomly assigned and carries no real or mapped significance. The personnel conducting the experiment, the experimenter, etc. will only receive your numerical code. Only the primary experimenter, who has been reviewed by the institutional review board of HuanYe Psychology Group, will know your true identity. They have signed strict confidentiality and ethical agreements with HuanYe Psychology Group and will absolutely not disclose any of your information.
3. The data obtained in this experiment can, in principle, only be used for the research involved in this experiment. In special circumstances where other research requires the use of the original data from this experiment, we will obtain your explicit written consent. (Note that the use of the conclusions from this study in other research does not fall under this circumstance)
4. When conducting data analysis and publishing research results, we will use anonymized and desensitized data, and will not disclose any of your personal information to any third party.
5. You have the right to be fully informed throughout the entire experiment process. You can ask questions to any experimenter, the experimenter, and even the research leader, as well as the institutional review board of HuanYe Psychology Group, at any time, and request clarification on the purpose of the data.

(Please turn the page)

VI. Exclusion of subjects

The following is the exclusion questionnaire for participants in this study. Please note that it is important to provide true, accurate, valid, and compliant information to avoid any psychological or physiological harm caused by the experiment. If the primary experimenter determines through the following questionnaire that you are not eligible to participate in the experiment, you do not need to sign this informed consent form.

1. Have you experienced or are you currently experiencing significant negative impacts (such as being grounded, dropping out of school, losing close friends or parents, etc.) ☐ Yes ☐ No

2. Have you ever had a history of suicide or non-suicidal self-injury? ☐ Yes ☐ No

3. Have you undergone psychiatric or psychological treatment in the past two years? ☐ Yes ☐ No

4. Have you ever had suicidal thoughts in the past two years? ☐ Yes ☐ No

5. Are you currently undergoing psychological counseling or therapy? ☐ Yes ☐ No

6. Do you currently suffer from or have you previously suffered from a brain disease? ☐ Yes ☐ No

7. Among the following questions, please check the most appropriate one based on your situation in the past week. All statements in the questions follow your definition. If you have never had sexual experiences (including heterosexual, homosexual, and solo sexual experiences), you may skip question 6.

1. I feel depressed and gloomy.

① rarely ② sometimes ③ often ④ continuously

2. I feel in the best mood in the morning.

① rarely ② sometimes ③ often ④ continuously

3. I am about to cry or feel like crying.

① rarely ② sometimes ③ often ④ continuously

4. I have trouble sleeping at night.

① rarely ② sometimes ③ often ④ continuously

5. I ate as much as usual.

① rarely ② sometimes ③ often ④ continuously

6. My sexual function is normal.

① rarely ② sometimes ③ often ④ continuously

7. I feel like my weight has decreased.

① rarely ② sometimes ③ often ④ continuously

8. I am troubled by constipation.

① rarely ② sometimes ③ often ④ continuously

9. My heartbeat is faster than usual.

① rarely ② sometimes ③ often ④ continuously

10. I feel tired for no reason.

① rarely ② sometimes ③ often ④ continuously

11. My mind is as clear as usual.

① rarely ② sometimes ③ often ④ continuously

12. I don't find it difficult to do things as usual.

① rarely ② sometimes ③ often ④ continuously

13. I feel restless and find it hard to stay calm.

① rarely ② sometimes ③ often ④ continuously

14. I feel hopeful about the future.

① rarely ② sometimes ③ often ④ continuously

15. I am more easily irritated than usual.

① rarely ② sometimes ③ often ④ continuously

16. I think it's easy to decide on something.

① rarely ② sometimes ③ often ④ continuously

17. I feel that I am useful and indispensable.

① rarely ② sometimes ③ often ④ continuously

18. My life is meaningful.

① rarely ② sometimes ③ often ④ continuously

19. If I were to die, others would live better.

① rarely ② sometimes ③ often ④ continuously

20. I still enjoy the things I usually enjoy.

① rarely ② sometimes ③ often ④ continuously

Question 7 Score (T-score):

Scorer:

8. Among the following questions, please refer to your situation in the past week and select the most appropriate one, and tick the corresponding number. All statements in the questions are followed Your definition.

1. I feel more nervous or anxious than usual.

① rarely ② sometimes ③ often ④ continuously

2. I feel scared for no reason.

① rarely ② sometimes ③ often ④ continuously

3. I tend to feel upset or frightened.

① rarely ② sometimes ③ often ④ continuously

4. I feel like I might be going crazy

① rarely ② sometimes ③ often ④ continuously

5. I think everything is great.

① rarely ② sometimes ③ often ④ continuously

6. My hands and feet were trembling.

① rarely ② sometimes ③ often ④ continuously

7. I am troubled by headaches, neck pain, and back pain.

① rarely ② sometimes ③ often ④ continuously

8. I feel easily weakened and fatigued.

① rarely ② sometimes ③ often ④ continuously

9. I feel calm and peaceful, and can easily sit quietly.

① rarely ② sometimes ③ often ④ continuously

10. I feel my heart beating very fast.

① rarely ② sometimes ③ often ④ continuously

11. I am troubled by bouts of dizziness.

① rarely ② sometimes ③ often ④ continuously

12. I have experienced episodes of fainting or feel like I am about to faint.

① rarely ② sometimes ③ often ④ continuously

13. I find it easy to breathe in and out.

① rarely ② sometimes ③ often ④ continuously

14. My hands and feet feel numb and tingling.

① rarely ② sometimes ③ often ④ continuously

15. I am troubled by stomach pain and indigestion.

① rarely ② sometimes ③ often ④ continuously

16. I often have to urinate.

① rarely ② sometimes ③ often ④ continuously

17. My hands and feet are often dry and warm.

① rarely ② sometimes ③ often ④ continuously

18. My face turned red and hot.

① rarely ② sometimes ③ often ④ continuously

19. I fall asleep easily and sleep well throughout the night.

① rarely ② sometimes ③ often ④ continuously

20. I have nightmares.

① rarely ② sometimes ③ often ④ continuously

Score for question 8 (T-score):

Scorer:

VII. Information disclosure

The person in charge of the research topic corresponding to this experiment: Wang Xin Contact information: 18993874494  
Contact information of the HuanYe Psychological Group Research Institutional Review Board: [irb@huanyepsy.cn](mailto:irb@huanyepsy.cn)

VIII. Information on the approval of this experiment by the institutional review board

The application number of this experiment to the institutional review board (IRB NO): HYIRB-61202303211  
The application date of this experiment (Date of Application): 2022-03-13  
Date of Signature of Committee Chair for this experiment approved by the institutional review board: 2022-03-15

Subject description:

I (\_\_\_\_\_) have carefully read this informed consent form, fully understand this study, accept the risks involved, benefits obtained, and other related content, and fully comprehend and agree with all the contents of this informed consent form.

Signature:  
Date: