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| **SONA CONSENT FOR RESEARCH**  The Pennsylvania State University |

Title of Project: Personality and Neurocognitive Development in Adolescence and Adulthood

Principal Investigator: Michael Hallquist, Ph.D.

Address: 309 Moore Building, University Park, PA 16802

Telephone Number: (814) 863-5756

Subject’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We are asking you to be in a research study. This form gives you information about the research.**

**Whether or not you take part is up to you. You can choose not to take part. You can agree to take part and later change your mind. Your decision will not be held against you.**

**Please ask questions about anything that is unclear to you and take your time to make your choice.**

**1. Why is this research study being done?**

This research is being done to understand how individuals think and make decisions. We are asking you to be in this research becausewe are interested in learning the way in which individuals make decisions in computer-based tasks.

**2. What will happen in this research study?**

After reviewing the informed consent (this document), and answering any questions about the study, a member of the research team will place you in a room in front of a computer. First you will be asked to complete an online questionnaire. Participants are free to skip any questions that he/she would prefer not to answer. Then you will be asked to complete a series of computer tasks.

**3. What are the risks and possible discomforts from being in this research study?**

There are no special risks associated with the experimental computer tasks completed in this study.

There is a risk of loss of confidentiality if your information or your identity is obtained by someone other than the investigators, but precautions will be taken to prevent this from happening. The confidentiality of your electronic data created by you or by the researchers will be maintained to the degree permitted by the technology used. Absolute confidentiality cannot be guaranteed.

**4. What are the possible benefits from being in this research study?**

There are no direct benefits to the individual. The results from this study may benefit society by contributing to the psychological knowledge and understanding of cognition and internal processes that influence decision-making.

**5. What other options are available instead of being in this research study?**

Your decision to take part in this research is completely voluntary. You may decide not to participate in this research.

**6. How long will you take part in this research study?**

This study will take approximately 45 minutes to complete. Being in this research study does not require any additional time on your part.

**7. How will your privacy and confidentiality be protected if you decide to take part in this research study?**

Efforts will be made to limit the use and sharing of your personal research information to people who have a need to review this information. Your research records will be labeled with your code numberand will be kept in a password-protected file. All data will be stored on secured computers in the Moore Building. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.

We will do our best to keep your participation in this research study confidential to the extent permitted by law. However, it is possible that other people may find out about your participation in this research study. For example, the following people/groups may check and copy records about this research.

The Office for Human Research Protections in the U. S. Department of Health and Human Services

The Institutional Review Board (a committee that reviews and approves research studies) and

The Office for Research Protections.

Some of these records could contain information that personally identifies you. Reasonable efforts will be made to keep the personal information in your research record private. However, absolute confidentiality cannot be guaranteed.

**8. Will you be paid or receive credit to take part in this research study?**

Participants recruited through the Pennsylvania State University SONA system will receive course credit for participating as specified in the syllabus provided by your instructor. Alternative means for earning this course credit are available as specified in the syllabus. All participants will also have the opportunity to earn up to $10 compensation depending on your performance in the task.

**9. Who is paying for this research study?**

This research is funded by the Pennsylvania State University.

**10.** **What are your rights if you take part in this research study?**

Taking part in this research study is voluntary.

You do not have to be in this research.

If you choose to be in this research, you have the right to stop at any time.

If you decide not to be in this research or if you decide to stop at a later date, there will be no penalty or loss of benefits to which you are entitled.

**11. If you have questions or concerns about this research study, whom should you call?**

Please call the head of the research study (principal investigator), Michael N. Hallquist, Ph.D., at (814) 863-5756if you:

* Have questions, complaints or concerns about the research.
* Believe you may have been harmed by being in the research study.

You may also contact the Office for Research Protections at (814) 865-1775, ORProtections@psu.edu if you:

* Have questions regarding your rights as a person in a research study.
* Have concerns or general questions about the research.
* You may also call this number if you cannot reach the research team or wish to offer input or to talk to someone else about any concerns related to the research.

###### INFORMED CONSENT TO TAKE PART IN RESEARCH

###### Signature of Person Obtaining Informed Consent

Your signature below means that you have explained the research to the subject or subject representative and have answered any questions he/she has about the research.

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Signature of person who explained this research Date Printed Name

(Only approved investigators for this research may explain the research and obtain informed consent.)

**Signature of Person Giving Informed Consent**

Before making the decision about being in this research you should have:

Discussed this research study with an investigator,

Read the information in this form, and

Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the research and those questions have been answered. You will receive a copy of the signed and dated form to keep for future reference.

###### Signature of Subject

By signing this consent form, you indicate that you voluntarily choose to be in this research and agree to allow your information to be used and shared as described above.

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Signature of Subject Date Printed Name