Arizona State University
DIY Self-Experimentation
CONSENT FORM

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Co-Investigators: Jisoo Lee, MS, Erin Walker, PhD

INTRODUCTION

The purposes of this form is to provide you (as a prospective research study participant) information that may affect your decision as to whether or not to participate in this research and to record the consent of those who agree to be involved in the study.

RESEARCHERS

Dr. Hekler, Professor in the School of Nutrition and Health Promotion at Arizona State University, and Dr. Walker and Ms. Lee, have invited your participation in a research study at this institution.

STUDY PURPOSE

The purpose of the research is to investigate how well different strategies can be used to help promote improved sleep.

DESCRIPTION OF RESEARCH STUDY

We are inviting your participation, in which you participate in up to five one-hour in-person sessions on the ASU campus, over seven weeks. The first and second sessions will be one week apart but the last sessions are two weeks apart (that is, two weeks between the second and third session, two weeks between the third and fourth session, and two weeks between the fourth and fifth session). Beyond this, some participants will have research personnel visit their homes to set up a home-based system to help you sleep better. There will be three possible conditions that you will be assigned to. In one condition, you will be provided with self-tracking tools (i.e., a Jawbone sleep and activity monitor and a self-report smartphone app) and educational materials about good sleep habits. In a second condition, you will be provided everything in condition one but also additional information about basic principles about behavior change. In condition three, you will be provided with all content from condition two as well as a home-based sensor and feedback system. This system will be designed by you, with the support the research staff, to help provide you with home-based ways to sleep better (e.g., playing certain music at certain times of the evening to help "nudge" you to go to sleep). Assignment to one of these three conditions will occur by random assignment, which is like flipping a coin.

Through the study period, you will be asked to track your sleep wearing a sensor band ('UP Move' made by Jawbone), and log information on your activity and situations in your daily life using a smartphone app. During each in-person session, you will be provided with additional educational and related materials to help you sleep better, but the content will vary between conditions as described above.

Eligible participants must be 18 years or older, own a smartphone (either Android or iPhone), have a WiFi internet connection within your home, and be willing to allow the research personnel to set up a home-based sensor and feedback system focused on helping you sleep better.

We would like to video-record your participation in the sessions. You will not be recorded without your permission (received below). You can choose not to be video-recorded, and also can change your mind after the video recording starts.

RISKS

If you decide to participate in this study there are no foreseeable risks or discomforts to your participation. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS

All participants will receive a Jawbone UP Move in acknowledgement for your participation in the study. While there are no other promised direct benefits, it is possible that your participation in this study will result in improved knowledge about your sleep and possibly improved sleep.

NEW INFORMATION

If the researchers find new information during the study that would reasonably change your decision about participating, then they will provide this information to you.

CONFIDENTIALITY

All information obtained in this study is strictly confidential unless disclosure is required by law. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify you. In order to maintain confidentiality of your records, Dr. Hekler and his research staff will code all data so that they do not contain any information that could identify you. All confidential information will be kept in a locked filing cabinet in Dr. Hekler office or on a password-protected computer, and will only be available to members of the research team. The video recording of the activities you perform may include identifying information (such as an image of your face) although our research team will try to minimize this. All videos will be stored electronically on a password-protected computer and will not be used for research presentations, reports, or publications. All study materials, including the video recordings, will be destroyed 5 years after the study has been completed or upon your withdrawal from the study. All study-related documents will be shredded.

WITHDRAWAL PRIVILEGE

Taking part in this research study is totally your choice. It is ok for you to say no. Even if you say yes now, you are free to say no later. You can decide to stop taking part in this research study at any time for any reason. Your decision will not affect your relationship with Arizona State University or otherwise cause a loss of benefits to which you might otherwise be entitled, such as the Jawbone UP Move. Withdrawal from the study will not affect your grade, treatment, care, employment status, as appropriate.

COSTS AND PAYMENTS

The researchers want your decision about participating in the study to be absolutely voluntary. Yet they recognize that your participation may pose some inconvenience due to the time needed to complete the research activities. In order to compensate for your time and discomfort, you will receive a Jawbone UP Move device valued at approx. $60.00. There is no cost to you for participating in this research study.

COMPENSATION FOR ILLNESS AND INJURY

If you agree to participate in the study, then your consent does not waive any of your legal rights. However, no funds have been set aside to compensate you in the event of injury.

VOLUNTARY CONSENT

Any questions you have concerning the research study or your participation in the study, before or after your consent, will be answered by Dr. Eric Hekler or Ms. Lee. You can contact him at 500 North 3rd Street, Phoenix, Arizona, 85004, or (602) 827-2271 or Ms. Lee at (480) 285-9498.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

This form explains the nature, demands, benefits and any risk of the project. By signing this form you agree knowingly to assume any risks involved. Remember, your participation is voluntary. You may choose not to participate or to withdraw your consent and discontinue participation at any time without penalty or loss of benefit. In signing this consent form, you are not waiving any legal claims, rights, or remedies. A copy of this consent form will be given to you.

Home internet network and sensors to be attached to specific areas throughout your home:

☐ Yes, I ALLOW you to connect devices to my home Internet network and allow you to place sensors to specific areas throughout my home.

_____ (initials here)

Video Recording Consent:

☐ Yes, I AGREE to be video recorded during the sessions

_____ (initials here)

Your signature below indicates that you consent to participate in the above study:

_____	_____	_____
Subject's Signature	Printed Name	Date

INVESTIGATOR'S STATEMENT

"I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. These elements of Informed Consent conform to the Assurance given by Arizona State University to the Office for Human Research Protections to protect the rights of human subjects. I have provided the subject/participant a copy of this signed consent document."

_____	_____
Signature of Investigator	Date