**ADULT PARTICIPANT INFORMED CONSENT**

***List the title in this section exactly as it appears on the IRB Application/Grant/Proposal***

# 

# PRINCIPAL INVESTIGATOR: Professor Francisco Ortega, Degree and rank, Computer Science, f.ortega@colostate.edu

**STUDENT INVESTIGATOR(S)**: Jonquill Howlett and Shea Spalding

**CONCISE STATEMENT OF STUDY**

This research study is aimed to answer whether there is correlation between the effectiveness of music versus no music on cognitive response time and typing efficiency. You may be interested because you are [eligibility criteria: an adult with the ability to type on the computer]. This research study will take approximately [ADD HOW LONG THE TEST WILL TAKE]. There are minimal risks to participating in this study, like [list common risks. We hope that this research will benefit [list the benefit of the research]. You can find more details on this study following in the body of this consent form. If you are interested in continued discussion about presentation, we would like to discuss more with you through this consent presentation.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of this research study is to determine if music will affect cognitive response time and you typing ability while listening to music versus no music playing.

**WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?**

You are being asked: change to invited to take part in the study because you fit these criteria: xxx.

**WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?**

The study will take total approximately [30 minutes] but consists of two small tasks. The first part will take [10 minutes] while the second part will take [20 minutes].

# WHAT WILL I BE ASKED TO DO?

If you volunteer to take part in this study, you will be asked to do the following:

* Typing test with three conditions: no music, music without lyrics, and music with lyrics where you will type the text that is given.
* Quantified Behavior test where you will use the spacebar on the computer to determine if a moving shape on the screen is the correct color. The computer will be mounted with an eye tracker that will determine where you are looking at the screen. A heat map of the location on the screen will show the results of your eye positions on the compute screen.

**ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?**

There may be no direct benefit to you as a participant in this study. However, we hope to learn more about cognitive response time and typing efficiency with music versus no music playing.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

While the level of risk is minimal, you may become uncomfortable with some questions or procedures related to having your eyes tracked while taking a quantified behavior test.

**WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?**

*You will not be compensated for taking part in this research.*

**WHO WILL SEE THE INFORMATION THAT I GIVE?**

All information gathered in this study will be kept as confidential as possible. Your privacy is very important to us, and the researchers will take every measure to protect it. Your information may be given out if required by law; however, the researchers will do their best to make sure that any information that is released will not identify you. No reference will be made in written or oral materials that could link you to this study. For this study, we will assign a code to your data so that the only place your name will appear in our records is on the consent and in our data spreadsheet which links you to your code. Only members of the research team will have access to the link between you, your code, and your data. All records will be stored in [a restricted access folder; an encrypted, cloud-based storage system; a locked drawer in a restricted-access office] at CSU for three years after completion of the study. After the storage time, the information gathered will be destroyed.

There are organizations that may inspect research records that may include yours. These organizations are required to make sure your information is kept private, unless required by law to provide information. Some of these organizations are:

* The Colorado State Institutional Review Board, IRB, is a group of people who review the research with the goal of protecting the people who take part in the study.

**WILL MY DATA BE USED FOR FUTURE RESEARCH?**

Option (i): If you choose to take part in this study, your private [information/biospecimen] will be collected. Any identifiers linking you to your private [information/biospecimen] will be removed. After we remove those identifiers, the [information or biospecimen] could be used for future studies or distributed to another research for future research studies without your permission.

OR

Option (ii): If you choose to take part in this study your private [information or biospecimen] collected for this study will not be used or distributed for future studies, even if we remove all identifiers linking you to your [information or biospecimen].

**DO I HAVE TO TAKE PART IN THE STUDY?**

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with CSU. You are encouraged to ask questions about this study at the beginning or any time during the research study.

**WHO TO CONTACT**

For questions or concerns about the study, you may contact **Jonquill Howlett** at **720-849-9742.**

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact the CSU Institutional Review Board at: [CSU\_IRB@colostate.edu](mailto:CSU_IRB@colostate.edu).

# PARTICIPANT CONSENT:

Your signature acknowledges that you have read the information stated and voluntarily wish to participate in this research. Your signature also acknowledges that you have received, on the date signed, a copy of this informed consent document containing \_\_ pages.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person obtaining informed consent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person obtaining informed consent