Vanderbilt University Institutional Review Board
Informed Consent Document for Research - WEB

Principal Investigator: Sarah Brown-Schmidt **Revision Date: 12-6-2017**
Study Title: Perspective-Taking in Conversation
Institution/Hospital: Vanderbilt University

This informed consent document applies to adults, healthy volunteers participating over the internet.

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time.

1. **Purpose of the study:**
   The purpose of the study is to examine communication using language. You are being asked to participate in a research study because we are interested how communication works.

2. **Procedures to be followed and approximate duration of the study:**
   During this study you will view a series of objects such as apples, dogs and kites. You will be asked to describe what you see or listen to or read related sentences. You will also be asked to make judgments about the objects and sentences. You may be asked to report your age, gender, use of social media, and questions about your eating habits. You will participate in 1 – 3 sessions, each lasting 5 minutes to 1 hour.

3. **Expected costs:**
   There are no expected costs to participate in this study.

4. **Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:**
   This study may be inconvenient or boring but otherwise there are no known risks beyond those in everyday life. You can take a breaks as needed.

5. **Compensation in case of study-related injury:**
   No arrangements have been made for compensations for study-related risks.

6. **Good effects that might result from this study:**

a) The benefits to science and humankind that <u>might</u> result from this study. These benefits include an improved understanding of linguistic communication.
b) The benefits you might get from being in this study. There are no direct benefits to participants in this study.

7. **Compensation for participation:**
   Compensation is $.50 for each 5 minutes.

8. **Circumstances under which the Principal Investigator may withdraw you from study participation:**
   You will not be withdrawn by the investigator from this study.

9. **What happens if you choose to withdraw from study participation:**
   You will not receive payment unless you complete the study.

10. **Contact Information.** If you should have any questions about this research study or possibly injury, please feel free to contact **Sarah Brown-Schmidt** at **615-322-8141, or via email at sarah.brown-schmidt@vanderbilt.edu**.

Date of IRB Approval: 11/13/2018
Date of Expiration: 11/12/2019

For additional information about giving consent or your rights as a participant in this study, to discuss problems, concerns, and questions, or to offer input, please feel free to contact the Vanderbilt University Institutional Review Board Office at (615) 322-2918 or toll free at (866) 224-8273.

13. Confidentiality and Privacy:

All efforts, within reason, will be made to keep your personal information in your research record confidential but total confidentiality cannot be guaranteed. **Your ID will not be associated with any of the answers you give. Only research personnel will have access to these data. Data will be retained for a minimum of 5 years and may be retained indefinitely. All original data forms will kept in a locked room at Vanderbilt University.** Your information may be shared with Vanderbilt or the government, such as the Vanderbilt University Institutional Review Board, Federal Government Office for Human Research Protections, and the National Science Foundation, if you or someone else is in danger or if we are required to do so by law. Vanderbilt may give or sell your data without identifiers for other research projects not listed in this form. There are no plans to pay you for the use or transfer of this de-identified information.

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate.

___ **I want to participate in this study.**

___ **I do not wish to participate in this study.**