

<b>Temple IRB Approved</b>
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<b>02/17/2022</b>
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**IRB # 24452*****Title of research:*** *Mechanisms of Human Decision Making and Reward Processing****Investigator and Department:*** Dr. David Smith, Department of Psychology***Funding Sources:*** Temple University College of Liberal Arts and National Institute of Health grant R03-DA046733.***Why am I being invited to take part in this research?***

We invite you to take part in a research study because you are an adult who is at least 18 years old.

***What should I know about this 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.
- You can ask all the questions you want before you decide.

***Who can I talk to about this research?***

If you have questions, concerns, or complaints, or think the research has hurt you, contact the research team at:

[david.v.smith@temple.edu](mailto:david.v.smith@temple.edu)

(215) 204-1552

825 Weiss Hall

1701 North 13th Street

Philadelphia, Pennsylvania 19122

This research has been reviewed and approved by an Institutional Review Board. You may talk to them at (215) 707-3390 or e-mail them at: [irb@temple.edu](mailto:irb@temple.edu) for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

***Why is this research being done?***

We are conducting this research to better understand how people make decisions and respond to various incentives.

***How long will I be in this research?***

Your participation in this research study will last for one session, the duration of which will be anywhere between 15 minutes and 2 hours depending on how quickly you complete the tasks.

***What happens if I agree to be in this research?***

After your consent to participate, we will collect basic demographics from you and have you fill out some questionnaires about your typical behavior. This may include (but is not limited to) preferences about specific items or actions, thoughts about your own actions, and familiarity with specific items. Remember that all the decisions and choices that you make during this study are your own opinions and preferences. There are no right or wrong answers. Please answer honestly and to the best of your abilities.

***Is there any way being in this research could be bad for me?***

You may experience mild discomfort from being asked about personal thoughts and experiences on our questionnaires. However, in our experience with studies similar to this one, little or no emotional distress has occurred. If necessary, your study can be interrupted or terminated. You are free to terminate participation at any point during the study.

***What happens to the information collected for this research?***

To the extent allowed by law, we limit the viewing of your personal information to people who have to review it. We cannot promise complete secrecy. The IRB, Temple University, Temple University Health System, Inc. and its affiliates, the National Institutes of Health (NIH), the Office of Human Research Protections, and Aging, and other representatives of these organizations may inspect and copy your information.

Based on your responses, you may be invited to participate in subsequent studies for additional research credit or monetary compensation. Participation in additional studies is completely voluntary and does not affect the credit you will receive for completing this current online survey.

**Data Sharing.** The data and samples from this study might be used for other, future research projects in addition to the study you are currently participating in. Those future projects can focus on any topic that might be unrelated to the goals of this study. We will give access to the data we are collecting to the general public via the Internet and a fully open database.

The data we share with the general public will not have your name on it, only a code number, so people will not know your name or which data are yours. In addition, we will not share any other information that we think might help people who know you guess which data are yours.

If you change your mind and withdraw your consent to participate in this study (you can call Dr. Smith at 215-204-1552 to do this), we will not collect any additional data about you. We will delete your data if you withdraw before it was deposited in the database. **However, any data and research results already shared with other investigators or the general public cannot be destroyed, withdrawn or recalled.**

By agreeing to participate, you will be making a free and generous gift for research that might help others. It is possible that some of the research conducted using your information eventually could lead to the development of new methods for studying brain, new diagnostic tests, new drugs or other

commercial products. Should this occur, there is no plan to provide you with any part of the profits generated from such products and you will not have any ownership rights in the products.

To the best of our knowledge, the data we release to the general public will not contain information that can directly identify you. The data will not have your name on it, only a code number, so people will not know your name or which data are yours. In addition, the data will not include data that we think might help people who know you guess which data are yours, such as your facial features or the date that you participated. If we write a report or article about this study or share the study data set with others, we will do so in such a way that you cannot be directly identified. However, by using additional data linked to your name, one could potentially associate your information in our database back to you. In addition a security breach (break in or cyber attack) might lead to someone being able to link you to your data. This risk is very low because your data are stored in a secure database, and the information about your identity is stored separately from the data themselves, linked only through a code.

We will keep the private portion (name, contact information etc.) of your data in a secure location for at least 3 years. This way if one of the researchers that obtained the data from us will find something in your brain scans that would have a diagnostic value we will be able to contact you. After this period of time we will destroy this information to protect your privacy.

**Letting us use and share your data is voluntary. However, you must be willing to share your data in this way in order to participate in this study. If you are not willing, you cannot participate in this study.**

By signing below, you agree to provide your data for future research. You agree that these may be shared with other investigators at other institutions from around the world. The details, results, and implications of these studies are unknown.

### ***What will I be paid for taking part in this research?***

If you agree to take part in this research, you will be compensated the amount you agreed upon before you entered into the survey. Federal tax law requires to you to report this payment as income to the Internal Revenue Service.

Do not accept this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you agree to participate in this study, you may request dated copy of this consent form for your records.

## **QUESTIONS**

If you have any questions about your rights as a research subject, you may contact the Institutional Review Board Coordinator at (215) 707-3390.

If you have any questions about the nature of the research or research-related injuries, you may contact Dr. David Smith Ph.D., at (215) 204-1552.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you agree to participate in this study, you may request a signed and dated copy of this consent form for your records.

## CONSENT

*\*I understand that there may be no direct benefit for my participation in this study other than the monetary payment and the brain pictures as described above.*

*\*I understand that my participation will not cost me anything other than the time and effort involved.*

*\*I understand that the information obtained from this study will be confidential. It will be available to the investigators performing the study and to me. My identity will remain anonymous in any publications resulting from this study.*

*\*I understand that by signing this agreement, I do not waive any legal rights or release Temple University or its agents from liability.*

*\*I understand that this consent is voluntary and I may withdraw from this study at any time without penalty.*

By clicking “I Accept,” you agree to take part in this research and allow the research team to contact you about any payments that result from your participation and future study opportunities.