

## Consent Form

### Salisbury University- Consent Form

#### *Sleep and Cognitive Health in Sports*

You are invited to participate in a research study conducted by Nikki Mondo and Dr. Echo Leaver. The purpose for this study is to assess the impact that playing sports and sleep habits have on cognitive health. You are being asked to complete several sets of questions relating to your experience playing sports, sleep habits, and cognitive processing. In exchange for your participation, you will earn extra credit for your class. Your participation in this research study is voluntary. No survey question is required. The survey will take approximately 20 minutes. You may withdraw from participation at any time with no consequence. Your decision to withdraw, once beginning the survey, will not affect your course grade or extra credit.

#### **Risks and Benefits:**

There may be some risks or discomfort associated with this research. You may feel some anxiety and distress when completing the survey. Benefits of study include course credit and your contribution to the understanding of the impact that sleep health and sports play have on cognitive processing.

#### **Protection of Confidentiality:**

Your responses on the survey items will remain completely anonymous and will not influence your grade or extra credit. The only identifying factors we will ask of you is race, ethnicity, gender, and education level for demographic purposes. The data for this study will be kept confidential to the extent allowed by federal and state law. Your identity will not be revealed in any publication resulting from this study. Your data will be coded with a participant number. The contact information you will be asked to provide in the second survey will be kept separate from your responses in the first survey. They will not be associated with your responses in the first survey. All identifying information will be kept confidential in Dr. Leaver's password-protected Salisbury University One Drive account. The survey data will be exported from Qualtrics into Excel and SPSS data sets. These data sets will have no identifying information and there will be no way to match responses with any individual. All data will be kept from the time of data collection to 5 years post

publication. After 5 years, all physical documents will be shredded, and virtual documents will be permanently deleted from all involved devices.

**Contact Information:**

If you have any complaints, concerns, or comments, please contact Dr. Echo Leaver (eeleaver@salisbury.edu).

If you have any adverse effects or concerns about the research, please contact the primary investigator or the Office of Graduate Studies and Research at Salisbury University at 410-548-3549 or toll free at 1-888-543-0148.

If you find the tasks too prying or provocative of negative feelings, please seek aid from the student counseling center made available to you at your University. The phone number for the student counseling center at Salisbury University is (410) 543-6070.

We thank you for your participation. Please find a quiet place and time to complete the questions so that we have your full attention. When you are ready to proceed, indicate your consent by pressing the appropriate button below.

- ☐ I consent
- ☐ I do not consent

For the purposes of this study, participants must be between the ages of 18-25. Please verify that you are between the ages of 18-25 to continue taking the survey.

- ☐ I am between the ages of 18-25.
- ☐ I am not between the ages of 18-25.

**Demographics**

Age

Date of birth

Gender/Sex (select all that apply)

- ☐ Cisgender Male (born male and identify as male)
- ☐ Cisgender Female (born female and identify as female)
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Non-binary
- ☐ Intersex
- ☐ Agender
- ☐ Genderfluid
- ☐ Polygender/Multigender
- ☐  Other (specify below):

How would you categorize yourself racially?

- ☐ White
- ☐ Non-Hispanic Black
- ☐ Hispanic Black
- ☐ Latino/Hispanic
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Native American or Alaskan
- ☐  Biracial (specify below):
- ☐  Other (specify below):

Are you a native English speaker?

- ☐ Yes
- ☐ No

Are you a full time or part time student?

- ☐ Full time
- ☐ Part time
- ☐  Other (specify below):

## Student classification

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior

Has a doctor or other health professional ever told you that you had:

A head injury?

- ☐ Yes
- ☐ No

A concussion?

- ☐ Yes
- ☐ No

Loss of consciousness?

- ☐ Yes
- ☐ No

## Sports

Did you play any sports in high school for any length of time?

- ☐ Yes
- ☐ No

Please list the sports played in high school, the position played, and how many years.

Ex: (Football, Quarterback, all 4 years)

Have you ever been diagnosed with one or more concussion(s) sustained in a sport?

☐ Yes (list the sport it was sustained and number of concussions)

☐ No

Have you been diagnosed with one or more concussion(s) sustained outside of sport?

☐  Yes (indicate the number of concussions)

☐ No

## Sleep

**INSTRUCTIONS:** The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

During the past month, what time have you usually gone to bed at night?

During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

During the past month, what time have you usually gotten up in the morning?

During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

During the past month, how often have you had trouble sleeping because you . . .

## a) Cannot get to sleep within 30 minutes

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## b) Wake up in the middle of the night or early morning

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## c) Have to get up to use the bathroom

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## d) Cannot breathe comfortably

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## e) Cough or snore loudly

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## f) Feel too cold

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## g) Feel too hot

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## h) Had bad dreams

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## i) Have pain

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

During the past month, how would you rate your sleep quality overall?

- ☐ Very good
- ☐ Fairly good
- ☐ Fairly bad
- ☐ Very bad

During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- ☐ No problem at all
- ☐ Only a very slight problem
- ☐ Somewhat of a problem
- ☐ A very big problem

Do you have a bed partner or room mate that would be knowledgeable about your sleep?

- ☐ Yes
- ☐ No

If you have a room mate or bed partner, ask him/her how often in the past month you have had . . .

a) Loud snoring

- ☐ Not during the past month



- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

b) Long pauses between breaths while asleep

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

c) Legs twitching or jerking while you sleep

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

d) Episodes of disorientation or confusion during sleep

- ☐ Not during the past month
- ☐ Less than once a week
- ☐ Once or twice a week
- ☐ Three or more times a week

## Distractibility

Here are some different ways that people can feel about working and concentrating. Please indicate how strongly each statement applies to you.

	Almost never	Sometimes	Often	Always
1. It's very hard for me to concentrate on a difficult task when there are noises around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Almost never	Sometimes	Often	Always
2. When I need to concentrate and solve a problem, I have trouble focusing my attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I am working hard on something, I still get distracted by events around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My concentration is good even if there is music in the room around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When concentrating, I can focus my attention so that I become unaware of what's going on in the room around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I am reading or studying, I am easily distracted if there are people talking in the same room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When trying to focus my attention on something, I have difficulty blocking out distracting thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have a hard time concentrating when I'm excited about something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When concentrating I ignore feelings of hunger or thirst.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can quickly switch from one task to another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It takes me a while to get really involved in a new task.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Almost never	Sometimes	Often	Always
12. It is difficult for me to coordinate my attention between the listening and writing required when taking notes during lectures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I can become interested in a new topic very quickly when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. It is easy for me to read or write while I'm also talking on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have trouble carrying on two conversations at once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have a hard time coming up with new ideas quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. After being interrupted or distracted, I can easily shift my attention back to what I was doing before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When a distracting thought comes to my mind, it is easy for me to shift my attention away from it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. It is easy for me to alternate between two different tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. It is hard to me to break from one way of thinking about something and look at it from another point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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