# **CONSENT FORM**

In this form, we refer to the information letter to the experiment “BrainMax: Boosting Sleep at Home” describing the research in which you participate. By signing this form, you declare that you understand the nature and methods of this study as described in the information letter.

Should you have questions about this study at any given moment, please contact the responsible researchers:

- S. L. Jongejan (tel.: 0681869983; e-mail: S.L.Jongejan@uva.nl);  
- Dr. L. M. Talamini (tel.: 020-5256840; e-mail: L.M.Talamini@uva.nl; room 0.08, REC G Nieuwe Achtergracht 129, 1018WS, Amsterdam);  
- K. Z. Kołodziejczyk (tel: 0618698936; e-mail: kat.kolodziejczyk@student.uva.nl);  
- S. J. de Vries (tel.: 0618977317; e-mail: sebas.devries@student.uva.nl);  
- M. L. Trajdos (tel: 0687404424; email: m.l.trajdos@student.vu.nl).

Formal complaints about this study can be addressed to the Ethical Review Board of the Psychology Brain & Cognition department of the University of Amsterdam, Mr. Dr. Y. (Yaïr) Pinto (tel.: 020-5256847; e-mail: Y.Pinto@uva.nl, room 0.07, REC G Nieuwe Achtergracht 129, 1018WS, Amsterdam).

**PARTICIPANT**

* *I am 16 or older;*
* *I have read and understood the information letter;*
* *I agree to participate in this study and I agree with the use of the data that are collected;*
* *I reserve the right to withdraw my participation from the study at any moment without providing any reason.*

...................................................... ......................................................

*Participant’s name* *Date of birth*

...................................................... ........................................................

*Participant’s signature Date* *and place*

**RESEARCHER**

* *I informed the participant about the research;*
* *I am willing to answer any possible questions about the research to the best of my ability.*

......................................................

*Researcher’s name*

...................................................... ......................................................

*Researcher’s signature Date* *and place*

# **CONSENT FORM/SIGNED DUPLICATE**

In this form, we refer to the information letter to the experiment “BrainMax: Boosting Sleep at Home” describing the research in which you participate. By signing this form, you declare that you understand the nature and methods of this study as described in the information letter.

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...................................................... ......................................................

*Participant’s name* *Date of birth*

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*Participant’s signature Date* *and place*

**RESEARCHER**

* *I informed the participant about the research;*
* *I am willing to answer any possible questions about the research to the best of my ability.*

......................................................

*Researcher’s name*

...................................................... ......................................................

*Researcher’s signature Date* *and place*

# **AUTHORIZATION STATEMENT**

There is a very small chance that the electroencephalographic (EEG) participant data generated in this study will display evidence of epileptic or other pathologic activity. In that case, we will contact your general practitioner. If you do not agree with this, you cannot participate in the study. If you agree with this, you will have to sign for this and give your general practitioner's name and place of residence.

We wish to point out that the researcher is not qualified to provide a diagnosis regarding observed pathology.

Contact details of your **general practitioner (GP):**

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**Name** **Phone**

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**Address (incl. city and postcode)E-mail**

I give permission to contact my general practitioner in an event of my EEG data displaying epileptic activity or suggesting other pathology.

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*Student number*

........................................................

*Participant’s name*

........................................................ ........................................................

*Participant’s signature* *E-mail*

........................................................

*Date and place*

# **DECLARATION OF COMPLIANCE**

I hereby declare that I meet the following inclusion criteria (**tick what applies to you**):

|  |  |
| --- | --- |
|  | I understand that participation in this experiment requires my consistency in recording my sleep every night on investigation days using the equipment provided (e.g. wearing a sleep monitoring headband and using a tablet computer). |
|  | I am not undergoing treatment or taking any medication that may influence sleep, such as drugs in the following categories: Alpha-blockers, Beta-blockers, Benzodiazepines, Barbiturates, Z-drugs (f.i. zolpidem, zopiclone, zaleplon), Corticosteroids, Antidepressants (SSRIs, MAO inhibitors, tricyclic antidepressants), ACE-inhibitors, ARBs, Cholinesterase inhibitors, Antihistamines, Glucosamine/chondroitin, Statins, Stimulants (f.i. methylphenidate, amphetamines, modafinil), Asthma medication. |
|  | I do not have infections (e.g. airway infection, corona, influenza, COVID-19, local infection) or any other form of illness which diminishes my overal fitness. |
|  | I will accurately follow the procedures and guidelines as described in the information letter and the software provided on the tablet computer, in regards to safe and responsible handling of the headband and other equipment lent to me during the investigation. |
|  | I will not consume any drinks or food containing caffeine (e.g. coffee, tea or dark chocolate) in the six hours prior to bedtime on a investigation day. |
|  | I will not consume alcohol, cannabis or any other sedative or stimulant drugs or substances on investigation days. |
|  | Should any change of my circumstances cause me to no longer meet the inclusion criteria, I will inform the researchers about the termination of my participation in this study, with or without giving reasons, as desired. |

I have answered these questions truthfully and accurately to the best of my knowledge.

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*Participant’s name Date and place*

........................................................

*Participant’s signature*