Consent Form for Participation in a Research Study
University of Massachusetts Amherst

Researcher(s):	Rosemary Cowell and David Huber
Study Title:	Memory and Perception, CFS 45

1. WHAT IS THIS FORM?

This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participation in this research.

2. WHO IS ELIGIBLE TO PARTICIPATE?

You must be at least 18 years old to participate in this study.

3. WHAT IS THE PURPOSE OF THIS STUDY?

This study is an investigation of visual perception and memory. We are not interested in how well you perform in general (we are not studying individual differences). Instead, we will examine whether your memory for the images you see is better in some experimental conditions than in others, or whether you are able to visually identify or discriminate the images you see more accurately in some conditions than in others. The pattern of results will allow us to determine the processes that people use to identify and discriminate between objects, faces and scenes, and to remember whether they have seen them before.

4. WHERE WILL THE STUDY TAKE PLACE AND HOW LONG WILL IT LAST?

This study will take place on the second floor of Tobin Hall. The study today will last between 20 and 45 minutes in total. You will receive 1 credit for your time. This study is part of a larger investigation into the nature of visual representations and their role in visual perception and visual memory. If you are interested in learning more about this study, we will inform you of our hypotheses immediately after you complete the study. We will not contact you again after you complete the study, although you are free to contact us at any time if you have any additional questions or concerns, or if you would like to learn the outcome of this study.

5. WHAT WILL I BE ASKED TO DO?

If you agree to take part in this study, you will be asked to sit at a computer, wear a pair of large glasses, and follow the on-screen instructions. You will view a sequence of images (abstract shapes, objects, faces, scenes, or written words) about which you will be asked to answer questions. The questions will relate either to perception (e.g., "Is this item the same as the previous item?), or to memory (e.g., "Have you seen this scene before?"), or to some incidental property of the picture (e.g., "Is this item bigger than a shoebox?"), or to your visual experience (e.g. “Did you see anything?”). Your responses will be made by using the computer keyboard, or a specially designed button box. Some of the images will be presented along with many, rapidly flashing squares. The material will be either abstract shapes with no particular meaning, or everyday objects, faces, scenes or words that are not offensive or provocative.

6. WHAT ARE MY BENEFITS OF BEING IN THIS STUDY?

You may not directly benefit from this research; however, we hope that your participation will provide some educational benefit by experiencing the nature of behavioral research on visual perception and memory. For this reason, we encourage you to speak with the researcher after conclusion of your participation so that you can learn more about the design and hypotheses of this study. In addition, these results may benefit society

in a number of ways, such as by increasing our understanding of the effects of brain damage (e.g., in patients with head injury or diseases such as Alzheimer's disease) on visual perception and memory.

7. WHAT ARE MY RISKS OF BEING IN THIS STUDY?

Due to the flashing nature of many of the stimuli, you are advised not to participate if you or any of your immediate family members have ever had an epileptic seizure.

Additionally because of the length of the experiment, you may become generally fatigued (in particular, your eyes may become tired after looking at a screen for so long) and/or bored. To reduce the possibility that either of these will occur, you will be given the opportunity to take breaks and the test will be self-paced. Loss of confidentiality is a risk (i.e., someone may inadvertently gain access to our records). Below we explain the procedures we will use to minimize this risk. As with any study, there may be unforeseen risks, although in the course of this type of research, hundreds of volunteers have completed similar tasks without any negative outcomes or loss of confidentiality.

8. HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

The following procedures will be used to protect the confidentiality of your study records. In this study we will electronically record your keyboard responses. The researchers will keep all study records on a campus computer. That computer will be password protected and the office containing that computer will be locked when not in use. Only the members of the research staff will have access to the password. A paper list will contain the names of the individuals who participated in this study along with an associated subject number. This list is maintained to ensure that you properly receive compensation for your participation. After the study is completed, or 6 months after your participation, whichever is sooner, the list will be destroyed, thus removing any record of your identity. The data file that contains your keyboard responses will not contain any identifying characteristics aside from your subject number.

At the conclusion of this study, we may publish the results of this study in a scientific journal. Information will be presented in summary format and you will not be identified in any publications or presentations (in fact, we will no longer be able to determine which data file is yours). The data file containing your keyboard responses will be kept for a minimum of 6 years beyond publication of this study. After publication, we may share your data file with other researchers who may wish to re-analyze the results. However, there will no longer be any record of your identity at that time. This disclosure of the data is purely for scientific purposes and the data will only be shared with qualified academic researchers.

After the list of names is destroyed at the end of the study, someone could still attempt to learn your identity if they cross-referenced the day that your data file was created with the database that was used to schedule your participation, or with paper copies of this consent form. However, such cross-referencing would be inexact because most days we run more than one person in this study.

9. WILL I RECEIVE ANY PAYMENT FOR TAKING PART IN THE STUDY?

For your participation in this study today, you will receive 1 SONA credit. These credits can be applied towards extra course credit, provided that you are taking a course that accepts SONA credits. How much this affects your grade is determined by the guidelines of that course (this should be listed in the syllabus, but otherwise seek the advice of your instructor). Please understand that this is not the only way to receive extra credit towards your course. You may contact your instructor who will offer you an appropriate alternative activity.

10. WHAT IF I HAVE QUESTIONS?

Take as long as you like before you make a decision. We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Rosemary Cowell (413) 545-1832, or the Psychology Department Chair via Laura Wildman Hanlon (413) 545-2387. If you have any questions concerning your rights as a research subject, you may contact the University of Massachusetts Amherst Human Research Protection Office (HRPO) at (413) 545-3428 or humansubjects@ora.umass.edu.

11. CAN I STOP BEING IN THE STUDY?

Your participation in the experiment is voluntary and you can withdraw at any time without penalty. You will still be paid for the time you have spent at the lab. You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate. If you decide to withdraw during today's session, you will still receive compensation for your time spent participating.

12. WHAT IF I AM INJURED?

The University of Massachusetts does not have a program for compensating subjects for injury or complications related to human subjects research, but the study personnel will assist you in getting treatment.

13. SUBJECT STATEMENT OF CONSENT

When signing this form I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language which I use and understand. I have had the opportunity to ask questions and have received satisfactory answers. I understand that I can withdraw at any time. A copy of this signed Consent Form has been given to me.

_____	_____	_____
Participant Signature:	Print Name:	Date:

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

_____	_____	_____
Signature of Person Obtaining Consent	Print Name:	Date:

Revised: September 11, 2015