

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

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**Researcher(s):** David Huber and Rosemary Cowell  
**Study Title:** Forgetting and Memory 3

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**1. WHAT IS THIS FORM?**

This form is called a Consent Form. It will give you information about the study so you can make a 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 learning and memory. Your ability to memorize material will be examined in several situations. We are not interested in how well you perform in general (we are not studying individual differences). Instead, we will examine how your memory performance differs in different situations. The pattern of results will help us to identify the reason why people forget things.

**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 and will last between 90 and 120 minutes in total. This study is part of a larger investigation into the nature of forgetting that will include several similar studies. In total, we expect to collect data from 1,100 volunteers over the course of 3 years for this larger investigation. 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 and follow the on-screen instructions. You will view a sequence of words, pictures, or faces that you should study for a later memory test. Your memory responses will be made by using the computer keyboard. The material will be everyday objects, words, or faces 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 learning 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 informing the accuracy of eyewitness testimony in the courtroom and by determining more effective learning techniques for education.

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

There are no expected risks to this study beyond the potential that you may become tired and/or bored with the memory task. To reduce the possibility that this will occur, you will be given the opportunity to take breaks and the test of your memory 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 our research on memory, 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. 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 point of 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 memory 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.

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


For your participation in this study today, you will receive \$5 for each 30 minutes of your time. If after reading this consent form you decide that you would not like to participate, you will still receive \$5 simply for showing up for study. If at any time you decide that you would like to stop participating in the study for any reason, inform the experimenter that you would like to leave, and we will round up to the next increment of 30 minutes to pay you for your participation.

## **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 primary investigator(s), David Huber (413) 545-1559 and 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](mailto: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 your participation. 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 the study, we will round your participation up to the next increment of 30 minutes and pay you for your time.

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## 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 C 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:

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