

CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY
UNIVERSITY OF MASSACHUSETTS AMHERST

Researchers: Dr. Angela C.M. de Oliveira, Scott Cohn
Location: Cleve E. Willis Experimental Economics Laboratory, Stockbridge Hall 306

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. We encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

Introduction to the study

I am inviting you to participate in a research study conducted by Dr. Angela de Oliveira. We are interested in the types of decisions you will make in this experiment. We plan to publish the results of this study in scientific journals. No personally identifiable information will be published. You should be aware of the following aspects of this study:

1. You must be at least 18 years old to participate in this study.
2. Participation in this study will take about 2 hours.
3. If you agree to take part in this study, you will be asked to read a set of instructions and then participate in a number of decision-making periods.
4. At the end of the study, you will complete a short survey. You may skip any question you feel uncomfortable answering.
5. If you choose to leave before the session is complete, you will be paid a \$10 show-up fee in cash. If you complete the study, you will be paid a \$10 show-up fee and have the opportunity to earn additional money based on your decisions, the decisions of others, and chance during the experiment.

Who to go to with 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 any questions or concerns about being in this study you should contact Dr. Angela de Oliveira, Associate Professor in the Dept. of Resource Economics, Stockbridge Hall. Email: adeolive@resecon.umass.edu.

How participants' privacy is protected

Your privacy and confidentiality is important to us. The following procedures will be used to protect the confidentiality of your study records: You will be assigned a random subject number at the beginning of the study. Your random subject number will never be linked with your name or other identifiable information. All electronic research data files will contain only your random subject number. Any computer hosting such files will have password protection to prevent access by unauthorized users. Only members of the research staff will have access to the passwords.

The researchers will keep all other study records, including signed consent forms and receipts, separate from the research data in a locked file in Dr. de Oliveira's office. These records will be destroyed 6 years after the close of the study.

At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations. Your identifying information will not be used or distributed for future research studies.

Risks and discomforts

We believe there are minimal risks associated with this research study; however, a risk of breach of confidentiality always exists and we have taken the steps to minimize this risk as outlined in the section above.

Compensation

You have already earned \$10 for showing up on time and agreeing to participate. During the experiment, you will have the opportunity to earn additional money based on your decisions, the decisions of others, and chance during the experiment.

Since you are being compensated for your participation in this study, your personal information may be released to the accounting officials at University of Massachusetts, Amherst. If payment to a research participant is \$600 or more in any one calendar year, the University of Massachusetts, Amherst is required to report this information to the IRS as taxable income. This information will be kept confidential and will only be used to process payment.

Will being in this study help me in any way?

You may not directly benefit from this research; however, we hope that your participation in the study may help researchers better understand human decision making.

Your rights

You should decide on your own whether or not you want to be in this study. You will not be treated any differently if you decide not to be in the study. If you do decide to be in the study, you have the right to tell me you do not want to continue with the study and stop being in the study at any time. You have the right to withdraw at any time. If you withdraw before the experiment begins or at anytime during today's session, you will be paid the show-up fee of \$10. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Review Board approval

The Human Subjects Internal Review Board at the University of Massachusetts has approved this study. If you have any concerns about your rights as a participant in this study you may contact the Review Board by phone at 413-545-3428, or by email at humansubjects@ora.umass.edu.

PLEASE READ THE FOLLOWING STATEMENT

Subject statement of voluntary 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. I have had the opportunity to ask questions and have received satisfactory answers. I have been informed that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

Participant Signature

Date

Print Name

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

Date

Print Name