

Sample Informed Consent Form

Title of Research: Event-Related Potential Correlates of Cognitive Processing Tasks
In Attention-Deficit/Hyperactivity Disorder Adult Males
With and Without Methylphenidate

I. Federal and university regulations require us to obtain signed consent for participation in research involving human participants. After reading the statements in section II through IV below, please indicate your consent by signing and dating this form.

II. Statement of Procedure: Thank you for your interest in this research project being conducted by the staff members of The University of West Florida. By this time, one of the investigators should have described the procedures for you in detail. Basically, this stage of the research project involves careful study of the brain-wave activity of adults who have and who do not have Attention-Deficit Hyperactivity Disorder. You will find a summary of the major aspects of the study being described below, including the risks and benefits of participating. Carefully read the information provided below. If you wish to participate in this study, sign your name and write the date. Any information you provide to us will be kept in strict confidence. If you have any questions or concerns regarding this project, please contact Dr. Jay Gould in the Psychology Department at The University of West Florida at (850) 474-2290 or by email at jgould@uwf.edu.

I understand that:

- (1) I will be asked to disclose certain information about the presence or absence of symptoms of Attention-Deficit/Hyperactivity Disorder (AD/HD) by completing an "Adult" and "Childhood" AD/HD Symptoms Scale Self-Report.
- (2) That it may be necessary to have a brief consultation with certain professionals about the presence or absence of symptoms of AD/HD including.
- (3) If I am participating in the study as an individual with AD/HD, I will be required to come to the laboratory on two separate occasions: once shortly after taking my medication for AD/HD and again (about two weeks later) after I am not taking this medication and the medication has had more than enough time to wear off. If I am participating as an individual who does not have AD/HD, I too will be required to come to the laboratory on two occasions, the second visit about 2 weeks after my first visit.
- (4) During each laboratory session, which will last approximately 2.5 hours, brain-wave activity will be assessed while I perform a variety of cognitive tasks presented on a computer monitor. These tasks will require either memorization, or a decision in which the press of a button will be required. A "brain-wave sensor cap" will be affixed on my head to enable recordings associated with the work I am doing during the tasks.

(5) I may discontinue participation in this study at any time without penalty.

III. Potential Risks of the Study:

- (1) Participants may note some mild tenderness in the scalp area due to placement of the brain-activity sensors. This occurs infrequently and is not long lasting.
- (2) Participants who have AD/HD may experience a brief return of their symptoms when, for one session of the study, they temporarily discontinue medication.

IV. Potential Benefits of the Study:

- (1) Information obtained from this study may provide a better understanding of the nature of AD/HD and the role of medication in its treatment.
- (2) For participants and others who have AD/HD, information obtained during this assessment may be useful in offering them an alternative treatment in the future.

V. Statement of Consent: I certify that I have read and fully understand the Statement of Procedure given above and agree to participate research project described therein. Permission is given voluntarily and without coercion or undue influence. It is understood that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled. I will be provided a copy of this consent form.

Participant's Name (Please Print)

Participant's Signature

Date