

**LTS-EF**

Principal Investigator John K. Hewitt, Ph.D.  
PARENT INFORMED PERMISSION FORM  
August 2006

*Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.*

You are being asked to allow your child to take part in a research project conducted by Prof. John K. Hewitt, a faculty member in the University of Colorado at Boulder's Institute for Behavioral Genetics, 0447 UCB, Boulder, CO 80309-0447. Prof. Hewitt can be reached at 303-492-7362.

**Project Description:**

This research study is designed to help us understand how genes and environment might influence individual thinking and problem solving abilities. Your child is being asked to be in this study because he or she is a twin in the ongoing Longitudinal Twin Study. However, participation in each part of the LTS is entirely your and your child's choice.

**Procedures:**

If you agree to permit your child to take part in this study, he or she will be asked to complete two types of tasks. The first involves responding to verbal questions asked by our research assistants; the second involves responding to computer-generated prompts and questions by pressing keys or giving a verbal response. He or she will also be asked a short series of questions about his or her general health such as: "How do you feel today?" "Have you ever been hospitalized?"

We would like to schedule a session for your child at the Institute for Behavioral Genetics for about 3-4 hours at your convenience. If necessary, we may schedule the session in your home or another quiet place such as a school or library.

We may use the information about you collected during this session in conjunction with DNA samples you have provided, or may provide in the future, to locate genes involved in these behaviors.

Approximately 814 participants will be invited to participate in this research study.

**Risks/Discomforts and Benefits:**

We do not foresee any significant risks or benefits to your child associated with participation. However, you may find some of the tasks frustrating.

**Source of Funding:**

This study is being funded by the National Institutes of Health, a federal agency that requires that data be collected in a form that may be analyzed for differences between men and women and races or ethnic groups.

**Cost to Participant:**

There is no cost to you or your child for participation in this study.

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**Subject Payment:**

Your child will be paid \$50 in cash for completion of this session or \$10/hour if he or she chooses to stop before the session is complete. We will also reimburse you or your child for your travel expenses by check at the rate of .28 per mile.

**Study Withdrawal:**

You and your child have the right to withdraw your permission or consent or to stop participating at any time. Your child has the right to refuse to answer any question(s) or participate in any procedure for any reason.

**Confidentiality:**

We will make every effort to maintain the privacy of your child's data. The completed test materials will be identified only by a numerical code, not names. All written materials are stored in locked rooms in locked file cabinets; all computer-based materials are stored in password protected electronic files. Test scores will not be released to anyone.

Other than the research team, only regulatory agencies such as the Office of Human Research Protections and the University of Colorado Human Research Committee, and NICHD may see individual data as part of routine audits.

**Invitation for Questions:**

If you have questions about this study, you should ask the researcher before you sign this permission form. You and your child may also ask questions during or after the session.

If you have questions regarding your child's rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them -- confidentially, if you wish -- to the Executive Secretary, Human Research Committee, 26 UCB, Regent Administrative Center 308, University of Colorado at Boulder, Boulder, CO 80309-0026 or by telephone to (303) 492-7401.

**Authorization:**

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to allow my child to be in this study. I know that I and my child can withdraw at any time. I have received, on the date signed, a copy of this document containing 2 pages.

Name of Participant (printed) \_\_\_\_\_ Age \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Also initial the previous page of the consent form.)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Also initial the previous page of the consent form.)

For HRC Use Only	
This consent form is approved for use from <u>8/7/06</u> to <u>8/6/07</u> .	
<u>[Signature]</u> (Signature)	Executive Secretary, Human Research Committee