TWIN ECF
Principal Investigator: Susan E. Young, Ph.D.

PARTICIPANT INFORMED CONSENT FORM
March 2005

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 take part in a research project conducted by Dr. Susan E. Young, Ph.D., a faculty research associate in the University of Colorado at Boulder's Institute for Behavioral Genetics, 447 UCB, Boulder, CO 80309-0447. Dr. Young can be reached at (303) 492-1235.

Project Description:

This research study is about thinking abilities such as attention, memory, problem solving and vocabulary. You are being asked to be in this study because you previously participated in our twin study of adolescent behavior approximately 5 years ago, and we are now interested in how thinking abilities relate to those earlier behavior patterns. Your participation in this study is entirely voluntary.

Procedures:

If you agree to take part in this study, you will be asked to complete two types of tasks. The first type involves responding to verbal questions asked by our research assistants; the second type involves responding to computer-generated prompts and questions by pressing letters on the keyboard or by giving a verbal response.

You will also be asked a short series of questions about your general health. Here are examples of some of the questions that you may be asked: "How would you describe your general health?" "How would you describe how you feel today?" "Have you ever been hospitalized?"

Participation in the study should take 3 – 4 hours of your time. We will ask you to come to the Institute for Behavioral Genetics in Boulder to participate in this research. If this is not possible, we will make arrangements to conduct the study session in your home or another quiet location such as a local school or library.

About 860 participants will be invited to participate in this research study.

Risks and Benefits:

We do not foresee any significant risks associated with participation in this study. However, you might find some of the tasks frustrating. There are no direct benefits to you from taking part in this study.

Source of Funding:

Funding for this study will be provided by the National Institutes of Health (NIH). This study is being funded by 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.

There is no cost to you for participation in this study. _____ initials page 1 of 2

Subject Payment:

You will be paid $50 for participation in this study in the form of cash. If you choose to withdraw before the conclusion of this study you will receive a prorated payment reflecting the proportion of the study you have completed (for example, $25 for completing one half of the study). You will also be reimbursed for mileage to and from the testing session at the current State of Colorado rate of $0.28 per mile.

Study Withdrawal:

Before and during the testing session, the researchers will be happy to answer any questions that you may have. You have the right to withdraw your consent or stop participating at any time. You have 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 data. All of the information you will provide will be strictly confidential. Your completed test materials will be identified only by a numerical code, not your name. All written materials are stored in locked file cabinets, and all computer-based materials are stored in password-protected electronic files. Your test scores will not be released to anyone. Randomly selected test sessions may be audio-taped, solely for the purpose of monitoring the researcher's accuracy in the administration of the tests. Identification numbers will be written on tapes, but all tapes will be erased following review by Dr. Young.

Other than the research team, only regulatory agencies such as the Office of Human Research Protections, the University of Colorado Human Research Committee, and authorized personnel from the National Institutes of Health may see your 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 consent form.

If you have questions regarding your 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 be in this study. I know that I 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 Participant _____ Date _____.
(Also initial previous page of the consent form.)

For HRC Use Only

This consent form is approved for use from 4/20/06 to 4/19/07.

E. Elcoms Panel Coordinator, Human Research Committee
(Signature)