

CONSENT TO PARTICIPATE IN A RESEARCH STUDY
COLLEGE OF WOOSTER

Wooster Video Game Study

Principal Investigator: Bryan T. Karazsia, Department of Psychology, (330) 263-2632

Purpose: You are being asked to participate in a research study. The purpose of this study is to learn about the ways children estimate their physical abilities. This topic is important because children's estimation of abilities may be linked to risk of injury. We are also interested in learning about children's injuries and how they can be prevented in the future. We want to research these topics because little information about childhood injury exists, even though injuries affect a large number of children everyday. The data will be summarized across all participants and presented to scientific communities.

Procedures: If you decide to volunteer, your child will be asked to perform the following activities in a random order:

- Play 1-2 videogames for 10 minutes each. Both games are rated "E" for "Everyone". *Titles rated E (Everyone) have content that may be suitable for ages 6 and older.*
- Estimate his or her physical abilities. These estimations will occur at the Wooster YMCA facility. Your child will be asked to estimate how high he/she can reach up in the air, reach out in front of the body, squat down low to the ground, and how long of a step he/she can take. We will also ask your child to estimate how long of a golf putt that he/she thinks is possible to make.
- After estimating abilities, your child will be asked to perform each of the tasks. When your child performs the tasks, we will take measurements of your child's actual physical abilities.

You (the caregiver) will also be asked to fill out a packet of information. This information will help us understand more about you and your child's attitudes and behaviors. Further, you will be asked to provide your name and phone number. This information will NOT be stored with the data from the study. Rather, we request this information so that we can ask you to participate in a study in the future. Providing this information is completely voluntary, and it does not guarantee that you will be contacted in the future. If we contact you in the future, any new studies will also be completely voluntary. It is estimated that it will take approximately 20 minutes to complete the parent information packet. When your child participates, it will take approximately 30 minutes.

Risks: There are no significant risks to you for your participation in this study. All activities performed by children are similar to tasks that most children perform on a daily basis. Also, all video games are rated as appropriate for children ages 6 and older. When completing the questionnaires, you may become more aware of your feelings about your child's behavior and injury prevention. Please notify the researcher or your child's physician if you should have any questions or concerns. It is highly unlikely that you or your child will experience a physical injury during duration of this project. However, should an injury occur, basic first-aid is available.

Confidentiality: Any information you give will be held confidential. Your name or any identifying characteristics will never be paired with the data you provide. We will identify your data with a unique code. All data will be stored securely in Dr. Karazsia's research laboratory. It should be noted that individual feedback from testing results will not be available. The researchers will make available results that are summarized across all participants upon request at the conclusion of the study.

Benefits & Compensation: There is no cost to you beyond the time and effort required to complete the procedures described above. Some people enjoy having the opportunity to participate in research studies. Also, all families who complete the study will receive a coupon for \$20 that can be used at the YMCA. Your child will be able to select a small toy from a basket. We will also make payment in the amount of \$5 to the Wooster YMCA for each child that participates in the study.

Right to Refuse or Withdraw: You may refuse to participate in the study. If you decide to participate, you may change your mind about being in the study and quit after the study begins. There will be no penalty if you withdraw from the study.

Questions: If you have any question, please contact Dr. Bryan Karazsia at WoosterHealth@gmail.com or 330-263-2632.

Parental Consent: Your signature below will indicate that you have decided to volunteer yourself and your child as a research participant, that you have read and understand the information provided above, that you are at least 18 years of age and the legal guardian of the child whose name you write below.

Parent Name (print) _____ Child Name (print) _____

Signature of participant _____ Date _____

Child Assent: Investigator will read the following script to the child: "Your MOM OR DAD (OR OTHER) just told us that they think it is okay for your to participate in this study. Would you like to try those things I just told you about?"

Check child response:

- Child provided verbal assent
- Child did NOT provide verbal assent

You will be provided a copy of this form upon request.