Consent Form
People Who Drive Under the Influence of Alcohol

NOTE: This consent form will remain with the University of Queensland research team for their records.

Project: Drink-Driving Effects on Driving Performance

Chief Investigators:

Dr Shamsi Shekari Soleimanloo, Project Leader, School of Psychology, The University of Queensland,

Associate Professor Raimondo Bruno, Chief Investigator, School of Psychological Sciences, University of Tasmania

Professor Mark Horswill, Chief Investigator, School of Psychology, The University of Queensland,

Associate Professor Andrew Hill, Chief Investigator, Sustainable Minerals Institute, The University of Queensland,

Professor Simon Smith, Chief Investigator, Children Health Research Centre, The University of Queensland

Associate Professor Caroline Salom, Chief Investigator, the Institute for Social Science Research, The University of Queensland

1. I agree to take part in the research study named above.
2. I have read and understood the Information Sheet for this study (or someone has read it to me in a language I know).
3. The nature and possible effects of the study have been explained to me.
4. I understand that the study involves completing some brief computerised tests and a simulated driving task, hazard perception tests and postural and balance tests.
5. I understand that the study involves providing a oral fluid (saliva) and breath sample to screen for drugs and alcohol in your body during the lab session.
6. I understand that I will be invited to attend three sessions at the University of Tasmania, and that in two of these, I will be administered a dose of alcohol sufficient to achieve a Breath Alcohol Concentration of 0.025 and 0.05. I will receive a placebo drink (mixer only) in the other session. Also, the study involves completing some brief computerised tests and a simulated driving task.
7. I understand that I will be asked to abstain from caffeine-containing products for 8 hours, and alcohol for 24 hours before each session, as well as from prescription medication and illicit drugs for the duration of the study
8. I understand that I will be asked to remain in the laboratory until my breath alcohol concentration equals 0.03% or less on two occasions measured 15 minutes apart. I

acknowledge that I have been advised to refrain from drinking alcohol or operating a vehicle or other heavy machinery for four hours after the end of the experimental session.

9. I understand that if I hold a provisional driver's licence and intend to drive, I will be required to remain in the laboratory until my breath alcohol concentration is .00% on two alcohol administering test sessions at least one week apart. I understand that if I hold a provisional driver licence and do not intend to drive, I will be able to leave the laboratory at .030% Breath Alcohol Concentration after signing a declaration in which I agree to be escorted by my nominated legal adult to my place of residence and be accompanied for two hours following session completion. I understand that the nominated legal guardian must be an adult aged 21 years or older who: (i) holds their provisional or full driver licence (ii) directly collects me from the research premises and meets the researcher in-person, and (iii) signs a declaration agreeing to escort me directly to my place of residence and accompany me for the two hours following session completion.
10. I understand that I will be reimbursed $600 Giftpay voucher ($200 per experimental session) for my participation on the conclusion of the three experimental sessions.
11. I understand that if I withdraw, I will receive partial reimbursement for the time I have donated to this research.
12. I understand that, while there are no anticipated risks associated with this study, I should inform the experimenter immediately if any unexpected negative side effects are experienced. I understand the experimenter will immediately cease the session and seek assistance.
13. I understand that unless I consent to future contacts, my personal information will be deleted to ensure my identity's confidentiality and protect me from unwanted contacts in the future.
14. I understand that all research data will be securely stored on University of Queensland and University ofTasmania servers for five years from the publication of the study results and will then be destroyed.
15. I understand that any health information collected for the screening process will be accessed exclusively by the research team, after which it will be securely deleted.
16. Any questions I have asked have been answered satisfactorily.
17. I understand that the researcher(s) will maintain confidentiality and that any information I supply to the researcher(s) will be used only for the research.
18. I understand that my data will be reused in future projects that are an extension of this project, closely related to this project, or in the same general area of this research.
19. I understand the study's results will be published, so I cannot be identified as a participant.
20. I understand that my participation is voluntary and that I may withdraw at any time without any effect.

Participant's name: _____

Participant's signature: _____

Date: _____

Withdrawal of data before conclusion of the study

I understand that I will not be able to withdraw my data after completing all parts of the study, as any links with identifying information will have been destroyed. Before this point, I can withdraw my data if I so wish.

☐ **I DO** wish to withdraw my data from the study if I withdraw from the study.

☐ **I DO NOT** wish to withdraw my data from the study if I withdraw from the study.

Participant's name: _____

Participant's signature: _____

Date: _____

Consent to future contacts

I understand that if I consent to future contacts, my personal information will be stored for 5 years in a password-protected file, separately from my participant code. Otherwise, my personal information will be deleted to ensure my identity's confidentiality and protect me from unwanted contacts in the future.

☐ **I DO** wish to be contacted for future research.

☐ **I DO NOT** wish to be contacted for future research.

Participant's name: _____

Participant's signature: _____

Date: _____

Statement by Investigator

☐ I have explained the project and the implications of participation to this volunteer, and I believe that the consent is informed and that he/she understands the implications of participation.

Investigator's name: _____

Investigator's signature: _____

Date: _____