

Consent Form

People Who Do Not Drive Under the Influence of Illicit Drugs, Alcohol or Prescription Medication

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

Project: Drugged-Driving Effects on Driving Performance

Chief Investigators:

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

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Professor Simon Smith, Chief Investigator, Child 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. I understand that my voice or video will NOT be recorded during the online induction session.
4. The nature and possible effects of the study have been explained to me.
5. I understand that I will be invited to attend one experimental session at the University of Queensland.
6. I understand that the study involves completing questionnaires, brief computerised tests, a simulated driving task, Road Safety Conflict perception test and postural and balance tests.

7. I understand that the study involves providing oral fluid (saliva) and breath sample to screen for drugs and alcohol in my body during the lab session.
8. I understand I must wear an actiwatch and report my sleep using the emailed sleep diary for one week before the experimental session.
9. I understand that I will be asked to abstain from caffeine-containing products for 8 hours, and alcohol for 24 hours before each session, and prescription medications or illicit drugs for the duration of the study.
10. 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.
11. 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.
12. I understand that all research data will be securely stored on the University of Queensland servers for five years from the publication of the study results and will then be destroyed.
13. 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.
14. Any questions I have asked have been answered satisfactorily.
15. 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.
16. I understand the study's results will be published in a way that I cannot be identified as a participant.
17. I understand that my participation is voluntary and that I may withdraw at any time without any effect.
18. I understand I will be reimbursed \$200 Giftpay voucher for participating in the experimental session (\$ 50 for wearing an actiwatch and reporting sleep, and \$150 for the experimental session).
19. I understand that if I withdraw, I will receive partial reimbursement for the time I have donated to this research.

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: _____