Consent Form
People Who Drive Under the Influence of Illicit Drugs

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

Project: Drugged-Driving Effects on Driving Performance

Chief Investigators:

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Eligibility screening and recruitment

I have read and understood the Information Sheet for this study (or someone has read it to me in a language I know). **Yes** ☐ **No** ☐

Induction

I understand that my voice or video will NOT be recorded during the online induction session. **Yes** ☐ **No** ☐

The nature and possible effects of the study have been explained to me. **Yes** ☐ **No** ☐

Any questions I had have been answered satisfactorily. **Yes** ☐ **No** ☐

Pre-Test activities

I understand I must report my sleep using the emailed sleep diary for three days before the experimental session. **Yes** ☐ **No** ☐

I will continue using my regular drugs according to my usual schedule, and I will not be asked to change the timing of my drug use for the study. **Yes** ☐ **No** ☐

I understand that I will be asked to abstain from caffeine-containing products for 8 hours before each session. **Yes** ☐ **No** ☐

Test sessions

I understand that I will be eligible to attend only one session if I use the illicit drugs daily. Otherwise, I will attend two sessions at the University of Queensland. **Yes** ☐ **No** ☐

No drugs will be provided or administered during the experimental sessions. **Yes** ☐ **No** ☐

I understand that the study involves completing questionnaires, brief computerised tests, simulated driving, Traffic Safety Conflict tests and postural and balance tests. **Yes** ☐ **No** ☐

I understand that the study involves providing an oral fluid (saliva) and breath sample to screen for drugs and alcohol in my body during the lab session. **Yes** ☐ **No** ☐

I understand that if I feel any unexpected negative effects during the study, I should tell the experimenter immediately. The session will be stopped, and help will be provided. **Yes** ☐ **No** ☐

I understand that to attend the test session, after a recent drug use, I will be provided with Uber credit to travel to the Long Pocket Campus and home (up to $50 for each travel). **Yes** ☐ **No** ☐

Data privacy, storage and dissemination

I understand that my personal information will be removed after the completion of the study to protect me from future contacts. **Yes** ☐ **No** ☐

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. **Yes** ☐ **No** ☐

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. **Yes** ☐ **No** ☐

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. **Yes** ☐ **No** ☐

I understand the study's results will be published, so I cannot be identified as a participant. **Yes** ☐ **No** ☐

Withdrawal of consent

I understand that my participation is voluntary and that I may withdraw at any time without any effect. **Yes** ☐ **No** ☐

I understand that I can withdraw my data before completing all parts of the study, if I wish. **Yes** ☐ **No** ☐

I DO wish to withdraw my data from the study if I withdraw from the study. **Yes** ☐ **No** ☐

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. **Yes** ☐ **No** ☐

Reimbursement

I understand I will be reimbursed $250 Gift Pay voucher per session for participating in each experimental session ($ 50 for reporting sleep and $200 per session for the experimental sessions). **Yes** ☐ **No** ☐

I understand that if I withdraw, I will receive partial reimbursement for the time I have donated to this research. **Yes** ☐ **No** ☐

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: _____