Consent Form
People Who Drive Under the Influence of Prescription Medications

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

Project: Drugged-Driving Effects on Driving Performance

Chief Investigators:

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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 and will be using my regular medications before the experimental session. No additional medications will be administered during the experimental session.
6. I understand that the study involves completing some brief computerised tests and a simulated driving task, hazard perception tests 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 that I will be asked to abstain from caffeine-containing products for 8 hours before each session, and illicit drugs for the duration of the study.
9. I understand I must wear an actiwatch and report my sleep using the emailed sleep diary for three nights before the experimental session.
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 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.
12. 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.

13. Any questions I have asked have been answered satisfactorily.

14. 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.
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 that I will be reimbursed $200 Gift Pay voucher for participating in the experimental session ($50 for wearing the actiwatch 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.

20. I understand that if I wish to seek support for alcohol or drug use concerns during or after the study, the research team can provide information about free and confidential services at the University of Queensland, including Student Counselling Services, Crisis Line, and Self-Help Resources.

Participant's name: _____

Participant's signature: _____

Date: _____

Withdrawal of data before the 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: _____

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: _____