

**Temple IRB Approved**

**06/02/2014**

**Title of the research study:** Language, Concepts, and Cognition Across the Lifespan

**Name and Department of investigator:** Jamie Reilly, PhD, Assistant Professor, Department of Communication Sciences and Disorders, Temple University.

This study involves research. The purpose of the research is to obtain preliminary norming and neuropsychological data on healthy adults from different populations with the goal of generating representative samples.

What you should know about a research study:

- Someone will explain this research study to you.
- You volunteer to be in a research study.
- Whether you take part is up to you.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide, it will not be held against you.
- Feel free to ask all the questions you want before and after you decide.
- By signing this consent form, you are not waiving any of the legal rights that you otherwise would have as a participant in a research study.

The estimated duration of your study participation is 1 hr.

You may be asked to participate in a combination of abilities including vision and hearing, memory span, reading ability, vocabulary, and attention. You will complete a series of standardized assessments that examine/quantify functioning in these domains. Some tasks will be completed at a desktop computer fitted with a small infrared camera that will continuously and passively record your eye movement. You will either hear words, see images on a screen, or read text. Before each assessment you will be given specific instructions from the research personnel on how to complete the task.

Alternatively, you may be completing our tasks via an online survey through Amazon Mechanical Turk. These tasks may include assessments as described above, though they will be administered only through the internet. You will not participate in any tasks that will record eye movements.

The reasonably foreseeable risks or discomforts are minimal. At most, you may become tired.

The benefit you will obtain from the research is knowing that you have contributed to the understanding of this topic.

Subject Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

If you are reimbursed for your participation in this study, you may be asked to provide your social security number to a member of the study team via the completion of a IRS Form W-9. It is your responsibility to report any income received that is a result of your participation in this study. In situations where your compensation for this study exceeds \$599.00 or your total compensation for all of the Temple studies in which you participate exceeds \$599.00, you will receive a Form 1099-MISC from Temple which will be reported to the Internal Revenue Service. If you do not provide your social security number, you may still participate in the study but you will not be able to receive any reimbursement for your participation.

The alternative to participating is not to participate.

Please contact the research team with questions, concerns, or complaints about the research and any research-related injuries by calling (215) 204-3995 or e-mailing reillyj@temple.edu.

This research has been reviewed and approved by the Temple University Institutional Review Board. Please contact them at (215) 707-3390 or e-mail them at: irb@temple.edu for any of the following: questions, concerns, or complaints about the research; questions about your rights; to obtain information; or to offer input.

As part of the research, we may ask you to be audio-, videotaped or photographed:

Do you agree to be audiotaped? YES \_\_\_\_ NO \_\_\_\_

Do you agree to be videotaped? YES \_\_\_\_ NO \_\_\_\_

Do you agree to be photographed? YES \_\_\_\_ NO \_\_\_\_

Confidentiality: Efforts will be made to limit the disclosure of your personal information, including research study records, to people who have a need to review this information. However, the study team cannot promise complete secrecy. For example, although the study team has put in safeguards to protect your information, there is always a potential risk of loss of confidentiality. There are several organizations that may inspect and copy your information to make sure that the study team is following the rules and regulations regarding research and the protection of human subjects. These organizations include the IRB, Temple University, its affiliates and agents, Temple University Health System, Inc., its affiliates and agents, the study sponsor and its agents, and the Office for Human Research Protections.

Subject Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature Block for Capable Adult**

Your signature documents your permission to take part in this research.

**DO NOT SIGN THIS FORM AFTER THIS DATE** →

---

Signature of subject

---

Date

---

Printed name of subject

---

Signature of person obtaining consent

---

Date

---

Printed name of person obtaining consent

Subject Initials: \_\_\_\_\_

Date: \_\_\_\_\_