

## **Consent Form**

### **Title of Study: Sleep 101: Educating College Students About the Importance of Sleep**

**Principal Investigator:** Wilfred R. Pigeon, PhD  
**University of Rochester Department:** Psychiatry  
**Co-Principal Investigator:** Jennifer Panosian

#### **Introduction:**

This consent form describes a research study and what you may expect if you decide to participate. Please read this consent form carefully and contact the study researchers with any further questions you may have before you decide whether or not you want to take part.

The study researchers are Wilfred R. Pigeon, Ph.D. from the University of Rochester Medical Center Department of Psychiatry and Jennifer Panosian, a student at the University of Rochester.

You are being asked to take part in this study because you are an undergraduate student at the University of Rochester.

#### **Purpose(s) of Study:**

Research is designed to benefit society by gaining new knowledge. The purpose of this study is to evaluate whether poor or inadequate sleep is associated with negative consequences on the physical, socio-emotional and academic well-being of college students. It will also test whether a simple, one-time, sleep education session will result in any improvements in sleep and its related domains.

#### **Description of Study Procedures:**

If you agree to take part, the following procedures will occur:

- 1) Complete an online survey from any computer of your choosing any time between September 16<sup>th</sup> and September 30<sup>th</sup>, 2010. The survey includes questions about sleep habits and sleep satisfaction, emotions and stress level, academic performance, and physical health symptoms. This will take approximately 20 minutes to complete. You may choose to only take this survey and not participate in the other two procedures below.
- 2) Attend an educational presentation on sleep presented by the study investigator, Dr. Pigeon, on **Wednesday October 13<sup>th</sup> at 8:00 p.m. in 321 Morey**. After the presentation, you will receive a brochure containing information from the presentation and a list of additional resources.
- 3) Complete an online survey from any computer of your choosing any time between November 22<sup>nd</sup> and December 6<sup>th</sup>, 2010. This will again take approximately 20 minutes to complete.

### **Number of Subjects:**

About 50 University of Rochester undergraduate students will take part in this study.

### **Risks of Participation:**

Although we will make every effort to protect your privacy and the confidentiality of information you provide, it is possible that your privacy or confidentiality may be compromised.

Information you provide on the survey will be collected by a non-UR website (www.freeonlinesurvey.com) that is frequently used for studies such as this one and that has a privacy statement stipulating the protection of the investigators' and subjects' information. Nonetheless we cannot guarantee the privacy of the information you provide. You will not be asked for your name or contact information. Your responses to the survey will be identified only by the last 4 digits of your student ID number until we download the data (approximately January 2011). At this time we will "de-identify" the data by replacing your student ID with an unrelated study id number. It is possible that someone who gains access to the survey data may be able to identify you (and thus your information) by matching the last 4 digits of your student ID number to identifying information you provide such as your age, race/ethnicity, grade point average and your answers to some of the survey questions. Once we have downloaded your data to a secure UR server and "de-identified" that data the survey site will be inactivated and the data will not be saved by the survey company.

There is some risk that answering personal questions on the survey will cause you to experience some stress. If this occurs, you may choose to stop participating in the study at any time or you may stop taking the survey and return to take the survey at a later time.

By attending the educational session you may be recognized by others who attend.

If you are one of the winners of the overnight sleep recording and you have such a recording, it is possible that we may identify a sleep disorder. If this occurs we will provide you with that information in written form so that you may share it with a health care provider. We may also provide you with referral information to address any such sleep disorder if you desire. If you wish we may also provide this information directly to a health care provider if you sign a document permitting us to do this. If we do suspect you have a sleep disorder, this may cause you concern or stress. Dr. Pigeon, who is a sleep clinician and a clinical psychologist, will discuss all findings from the sleep report with you in person.

### **Benefits of Participation**

You may or may not benefit from being in this research study. If you do attend the educational session you may benefit from the information provided.

### **Payments**

You will not be paid for taking part in this study. Participants who complete all three of the procedures (the first online survey, attend the educational presentation, and complete the second online survey) will be entered into a raffle for the chance of winning a no-cost overnight sleep recording at the University of Rochester Sleep & Neurophysiology Laboratory with a review of their sleep provided by the study investigator Dr. Pigeon. Two winners will be chosen.

### **Costs**

There are no financial costs to you for participating in this study.

### **Confidentiality of Records**

While we make every effort to maintain confidentiality, it cannot be absolutely guaranteed. Although every effort will be made to keep research records, private, there may be times when federal or state law require the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, the University of Rochester will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University or government agencies for purposes such as quality control or safety.

### **Authorization to Use Health Information**

We will try to keep what we learn about you private, but we may have to share this information with University of Rochester monitors. While they normally protect the privacy of this information, they may not be required to do so by law. Results of the research may be presented at meetings or in publications, but your name will not be used.

By law, we have to get your authorization to use health information we collect from you. We will use information gathered from your online surveys to conduct the study. This will include health information including information that you provide about your sleep, your stress levels, your alcohol and tobacco use, and any illnesses or health symptoms you may be having. This information may be audited to make sure we are following regulations, policies and study plans.

By Clicking on the “I Agree” button after reviewing this document you will be agreeing to participate in this study and authorizing us to use the health information you provide.

Your Authorization for this study will not expire unless you tell us you want to cancel it by contacting on of the study investigators below. We will keep the information we collect about you indefinitely.

### **Contact Persons**

For more information concerning this research or if you feel that your participation has resulted in any emotional or physical discomfort please contact: the Coordinator and Co-Investigator, Jennifer Panosian: [jpanosia@u.rochester.edu](mailto:jpanosia@u.rochester.edu); the Principal Investigator, Dr. Wilfred Pigeon: [wilfred\\_pigeon@urmc.rochester.edu](mailto:wilfred_pigeon@urmc.rochester.edu); or call about “The Sleep 101 Study” at **4-SLEEPY (475-3379)**.

If you have any questions about your rights as a research subject, or any concerns or complaints you may contact the Human Subjects Protection Specialist at the University of Rochester Research Subjects Review Board, Box 315, 601 Elmwood Avenue, Rochester, NY 14642-8315, Telephone (585) 276-0005, for long-distance you may call toll-free, (877) 449-4441. You may also call these numbers if you cannot reach the research staff or wish to talk to someone else.

### **Voluntary Participation**

Taking part in this research study is your choice. You are free not to participate or to withdraw at any time, for whatever reason. No matter what decision you make it will not affect your class

standing or grades at UR. You will not be offered or receive any special consideration if you take part in this research. In the event that you do withdraw from this study, the information you have already provided will be kept in a confidential manner.

By clicking on the “I Agree” button you will be providing both your consent to participate in this study and your authorization for us to use the health information you provide.