

# Step Three: Social Behavioral Research Consent Form

Please complete the research consent form below

Thank you!

## Illinois Physical Activity and Life Skills Wellness Program (IPALS) Parental Consent Form

You and your child are being asked to participate in a voluntary research study. The purpose of this study is to examine the relationships between activity level during the program and cognition, academics, and body composition. Further, this study will aim to understand your child's experiences and various bullying behaviors during the program. Your child's participation in this study will involve completion of testing procedures at the beginning and towards the end of the program both on the University of Illinois campus and at the site of the IPALS program. The procedures will include a series of fitness and movement tests, height, weight, and waist circumference assessment, computerized cognitive tasks of attention and memory, standardized achievement testing, physical activity participation during the program, and interviews. These procedures will be conducted over one-hour sessions (2 or 3 sessions) during your child's first week of participation in the program. Identical procedures will be conducted towards the end of the program (~4weeks). Additionally, we will ask you to complete some online questionnaires to learn about your child's health history and characteristics of your household. Risks related to this research include chance of minor injury due to physical activity; benefits related to this research include contributing to further understanding the role that activity plays in cognitive development of children.

Principal Investigator Name and Title: Naiman A. Khan, PhD, RD

Department and Institution: Department of Kinesiology and Public Health

Contact Information: (217) 300-1667, nakhan2@illinois.edu

Sponsor: Illinois State Board of Education, Illinois Association for Health, Physical Education, Recreation and Dance and Division of Nutritional Sciences

### Why am I being asked?

You have been asked to participate in this research because your child is registered for the I-PALS summer program at University of Illinois at Urbana-Champaign. The purpose of this research is to examine the effects that participation in a summer wellness program on cognition, fitness, achievement, body composition and their camp experiences.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your child's enrollment in the program or your current or future dealings with the University of Illinois at Urbana-Champaign. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

### What procedures are involved?

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#### iPALS Program sites (Columbia Center)

The study procedures for the parent are: completion of online health and demographic surveys, nutrition literacy questionnaire, and food frequency questionnaire. Your child will have his or her waist circumference, height, weight, and body composition (ie. body fat, lean mass, and water) assessed using a bioelectric impedance scale. We will follow this by a pencil and paper academic test whereby your child will be asked to complete questionnaires that measure his or her common understanding and school success. These questionnaires are administered by an experimenter and will require the child to look at pictures or read words and indicate their meaning. We will then complete three computer based cognitive tasks where your child will be placed in a comfortable chair and asked to observe a series of visual stimuli on a computer screen and respond with a button push on a handheld controller. These tasks assess your child's attention, memory, and learning. We will also conduct a series of fitness tests which are part of a commonly used physical assessment in school-aged children. These will include a 20-m shuttle run that progressively increases in difficulty. Muscle fitness tests (push-ups and curl-ups to a specific cadence), and the back-saver sit and reach test (which measures hip flexor and hamstring flexibility) will also be completed. Your child will be given a physical activity monitor and belt to wear while participating in the program for 5 days. We will also ask your child to complete a skin carotenoid assessment that will involve placing their finger on a white light in a scanner for about 10 seconds. Lastly, research staff members will be doing weekly observations of the iPALS program. These procedures will be conducted once at the beginning of the program and once at the end. You will not be required to go to any other locations besides the regularly scheduled iPALS program locations for this part of the study.

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Interviews/Surveys During the iPALS program your child may be asked to join in a brief focus group interview with a researcher and their peers. This will be to learn about their experiences throughout the program as well as various bullying behaviors. This interview will take about 30 minutes. They will also be asked to participate in some short surveys a few days throughout the program. Both the interview and the surveys will take place during the iPALS Program so there is nothing you will need to do outside of the program.

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#### University of Illinois, Freer Hall

This portion of the study will involve coming to the Body Composition and Nutritional Neuroscience Lab in Freer Hall, which is on the University of Illinois at Urbana Champaign Campus, one time for ~1 to 1.5 hours before the iPALS program begins and once more time at the end of the program. While on campus, your child will participate in some computerized cognitive tasks where they will respond to different stimuli using a handheld keypad. During these tasks they will wear an Electroencephalography (EEG) cap, which will allow researchers to collect information on their brain activity during the computer games. Afterwards, they will complete a movement assessment battery in which they will complete a series of motor tasks that will assess their coordination skills. Finally, we will ask your child to provide a urine sample to measure how well hydrated they are.

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#### **What are the potential risks and discomforts?**

All of the measurement techniques being used in this study have been previously used in research studies with human subjects and the risks associated with participating in this study are minimal. For individuals who have been sedentary, engaging in exercise testing comes with a chance of minor injury and some discomfort due to soreness.

The cognitive and academic achievement tests are attention demanding, so your child may experience some fatigue. However, the effects of participating should be comparable to those they would experience from viewing a computer monitor for an hour. We will also offer your child breaks whenever he or she likes.

If your child indicates through his or her behavior that they do not want to participate, their participation will be stopped immediately.

**Are there benefits to participating in the research?**

There is no medical benefit to individuals who take part in this study. We do, however, anticipate that participation in this project will contribute further to our understanding of the relationship between physical activity and cognition during childhood. We hope the information learned from this study will benefit the general public in aspects of physical and cognitive health.

**What other options are there?**

You have the option to not participate in this study.

We will use all reasonable efforts to keep your information confidential, but we cannot guarantee absolute confidentiality. Results will be disseminated by the investigators through conference presentations and scientific papers. The data will be presented from groups rather than from individual participants. When this research is discussed or published, no one will know that you were in the study. But, when required by law or university policy, identifying information (including your signed consent form) may be seen or copied by: a) The Institutional Review Board that approves research studies; b) The Office for Protection of Research Subjects and other university departments that oversee human subjects research; c) University and state auditors responsible for oversight of research; d) the funder of this research

**Will I be reimbursed for any expenses or paid for my participation in this research?**

For completing the tasks at the iPALS program sites, your child will receive \$20 after completing them at the beginning of the program and \$20 after completing them again at the end of the program.

If your child visits campus to complete the campus portion of the study your child will receive \$50 after completion of the first appointment and \$50 after completion of their second appointment.

**Can I withdraw or be removed from the study?**

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests, you were to object to any future changes that may be made in the study plan.

**Will data collected from me be used for any other research?**

Your de-identified information could be used for future research without additional informed consent.

**Who should I contact if I have questions?**

Contact Dr. Naiman Khan at (217) 300-1667 or [nakhan2@illinois.edu](mailto:nakhan2@illinois.edu) if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

**What are my rights as a research subject?**

If you have any questions about your rights as a participant in this study, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research subjects at 217-333-2670 or [irb@illinois.edu](mailto:irb@illinois.edu).

## Consent

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. By signing below, I indicate my consent to be in this research. I will be emailed a copy of this signed and dated form.

1) Parent/Guardian's Signature

\_\_\_\_\_ (right click mouse and draw signature)

2) Parent/Guardian's First Name

\_\_\_\_\_

3) Parent/Guardian's Last Name

\_\_\_\_\_

4) Today's Date

\_\_\_\_\_

5) Parent/Guardian's Email

\_\_\_\_\_

Name of person obtaining consent: Shelby Keye

## Child Assent Form

In this study, we want to find out more about your experiences participating in a summer camp and how it affects the way you think and move.

## What will happen if I join the study?

iPALS Program Sites

While you are at the iPALS program, you will be asked to complete body measurements and to play some computer games. We will measure your height, weight and the size of your belly. Then we will ask you some questions about foods you eat and school subjects like math, reading and writing. After that we will ask you to play some simple computer games where you will look at pictures on a computer screen and make a choice by pressing a button. You may find it difficult and that is OK, just do the best you can. These games may make you tired so if you do get tired just let us know and we will take a short break. We will also ask you how you are doing many times but you should know that you can tell us how you are doing at any time. We will also give you a small red box and a belt to wear around your waist. This is called an "accelerometer" and it measures how much you move every day. We would like you to wear this for 5 days during the time that you are in the iPALS summer program. You will also be asked to complete a running test. During this test you will start running slowly and every minute we will ask you to run a little bit faster until you are tired. We will also ask you to complete tests of your strength using push-ups and curl-ups and the back-saver sit and reach test. During the program, a few people will be coming to watch the program to see how well it is going. Finally, we will ask your parent or guardian to complete some

described above will be conducted at the beginning of the program and towards the end to understand how participating in IPALS can improve your health.

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### On Campus

If you agree to, you will come to Freer Hall, which is on the University of Illinois Campus, one time before and one time after the iPALS program. While you are there you will complete some computer games. During these games you will be asked to wear a special cap, similar to a swim cap, that lets us look at how your brain works while you are playing the game. We will show you the cap and tell you how it works before putting it on your head. If you don't like wearing the cap you can let us know and we can try to fix the problems or take it off for you. We will ask you many times how you are feeling while you are completing the computer games and wearing the cap. After that, you will complete some movement games so we can see how well you can do different movement skills. You may get tired during some of these games so you may take a break if you need to. We will also ask you to collect your urine in a container to measure how much water you drink.

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### Interviews and surveys

During the iPALS program we want to learn about your experiences and how you are feeling while participating. If you agree, you might be asked to join in a brief focus group interview with a researcher and several of your peers. This interview will take about 30 minutes. You will also be asked to participate in short surveys a few days throughout the program. Both the interview and the surveys will take place during the iPALS Wellness Program, there is nothing you need to do outside of the program.

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### **How long will the research last?**

Your participation in this research will last the same time as the iPALS program (4 weeks). The portion that will occur on the UIUC campus will be one appointment ~1 hour before you start in the program and one appointment at the end of the program.

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### **Why am I being asked to take part in a research study?**

A research study is done to find a better way to treat people or to understand how different parts of your body work. You are being asked to take part in this research study because you are going to camp this summer.

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### **Is there any way being in this study could be bad for me?**

There the possibility of some minor muscle ache and soreness with the running and movement tests, especially if you don't do a lot of different movements very much. Also, the computer games may make you tired but we can take breaks if you get tired.

**What should I know about being in a research study?**

You do not have to be in this study if you do not want to. It is up to you. You can choose to participate now and change your mind later if you want, or you can say no right now. It is your decision to make. You can also ask all the questions you want before you decide.

**What else do I need to know?**

For all the activities you do at the iPALS program site you will receive \$20 at the beginning and \$20 at the end.

If you agree to come to campus to complete this portion of the study, you will receive \$50 for the first appointment and \$50 for the last appointment.

Efforts will be made to limit the use of your personal information, including study records, to people who have a need to see the information. Your name and other identifiable information about you will never be published or presented as part of the research.

**Who can I talk to?**

Contact Dr. Naiman Khan at (217) 300-1667 or nakhan2@illinois.edu if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

If you have any questions about your rights as a participant in this study, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research subjects at 217-333-2670 or irb@illinois.edu.

**Consent**

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. By signing below, I indicate my consent to be in this research. I will be emailed a copy of this signed and dated form.

6) Child's First Name

\_\_\_\_\_

7) Child's Last Name

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8) Date

\_\_\_\_\_

Name of person obtaining consent: Shelby Keye