|  |  |
| --- | --- |
|  | University of Southern Queensland |
| **Participant Information for USQ Research Project** |

|  |
| --- |
| **Project Details** |

|  |  |
| --- | --- |
| Title of Project: | The Relationship between Sleep and other Human Behaviours |
| Human Research Ethics Approval Number: | |  | | --- | |  | |

|  |
| --- |
| **Research Team Contact Details** |

|  |  |
| --- | --- |
| **Principal Investigator Details** | **Other Investigator/Supervisor Details** |
| Prof Gerry Tehan  Email: tehan@usq.edu.au  Mobile: 0421025256 | Student Name:  Email:  Phone: |

|  |
| --- |
| **Description** |

The purpose of this project is to investigate how sleep is related to stress, self-perception, computer usage, and consumption of food.

This project involves a single questionnaire that contains some demographic questions and then a series of 19 questions that address sleep patterns and other behaviours.

|  |
| --- |
| **Participation** |

Your participation will involve you a brief questionnaire that will take approximately 5 minutes of your time.

The questionnaire asks questions about your sleep patterns, how much stress you are currently under, how you perceive aspects of yourself, your patterns of usage of computers, phones, etc, and the frequency with which you eat various types of food. We will also ask for some demographic information from you

Your participation in this project is entirely voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. You may also request that any data collected about you be destroyed. If you do wish to withdraw from this project or withdraw data collected about you, please contact the Research Team (contact details at the top of this form). You are encouraged to contact the principle investigator if you have any concerns or questions or wish to discuss your decision to withdraw.

Your decision whether you take part, do not take part, or to take part and then withdraw, will in no way impact your current or future relationship with the researchers involved or with the University of Southern Queensland.

|  |
| --- |
| **Expected Benefits** |

It is expected that this project will not directly benefit you. However, by improving our understanding of the variables under study, it may benefit our understanding of the problems people face in regulating their behaviour.

|  |
| --- |
| **Risks** |

There are minimal risks associated with your participation in this project.

|  |
| --- |
| **Privacy and Confidentiality** |

All performance data will be treated confidentially unless required by law.

Any data collected as a part of this project will be stored securely as per University of Southern Queensland’s Research Data Management policy.

Any data provided as part of this study can be used in future studies. It should be noted that in the future it may be impossible for us to locate your data should you wish to have it removed from the dataset. Non-identifiable data will be managed as per the requirements of the National Statement (Chapter 3.2) and external requests to access the non-identifiable data set will be assessed by the Principal investigator and distributed where appropriate

|  |
| --- |
| **Consent to Participate** |

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project. Please return your signed consent form to a member of the Research Team prior to participating in your interview.

|  |
| --- |
| **Questions or Further Information about the Project** |

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

To receive a summary of the results please put a contact email on the consent form before returning it.

|  |
| --- |
| **Concerns or Complaints Regarding the Conduct of the Project** |

If you have any concerns or complaints about the ethical conduct of the project you may contact the University of Southern Queensland Ethics Coordinator on (07) 4631 2690 or email [ethics@usq.edu.au](mailto:ethics@usq.edu.au). The Ethics Coordinator is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

**Thank you for taking the time to help with this research project. Please keep this sheet for your information.**

|  |  |
| --- | --- |
|  | University of Southern Queensland |
| **Consent Form for USQ Research**  **Experiment** |

|  |
| --- |
| **Project Details** |

|  |  |
| --- | --- |
| Title of Project: | The Relationship between Sleep and other Human Behaviours |
| Human Research Ethics Approval Number: | |  | | --- | |  | |

|  |
| --- |
| **Research Team Contact Details** |

|  |  |
| --- | --- |
| **Principal Investigator Details** | **Other Investigator/Supervisor Details** |
| Prof Gerry Tehan  Email: tehan@usq.edu.au  Mobile: 0421025256 | Student Name:  Email:  Phone: |

|  |
| --- |
| **Statement of Consent** |

**By signing below, you are indicating that you:**

* Have read and understood the information document regarding this project.
* Have had any questions answered to your satisfaction.
* Understand that if you have any additional questions you can contact the research team.
* Understand that you are free to withdraw at any time, without comment or penalty.
* Understand that you can contact the University of Southern Queensland Ethics Coordinator on (07) 4631 2690 or email [ethics@usq.edu.au](mailto:ethics@usq.edu.au) if you do have any concern or complaint about the ethical conduct of this project.
* Non-identifiable data will be managed as per the requirements of the National Statement (Chapter 3.2) and external requests to access the non-identifiable data set will be assessed by the Principal investigator and distributed where appropriate
* Are over 18 years of age or have the consent of your parent to participate?
* Agree to participate in the project.

|  |  |
| --- | --- |
| Participant Name |  |
|  |  |
| Participant Signature |  |
|  |  |
| Date |  |

**Code:**

The first letter or your middle name: \_\_\_\_\_\_\_\_ (If you have no middle name put in an N)

The month and year of your birth: \_\_\_\_\_\_\_\_\_\_ ( e.g. April, 1988 = 0488)

The initials of your mothers maiden name: ­­­\_\_\_\_\_\_\_ (if you do not know the answer to this put in XY)