Research Study Consent Form

The goal of this research study is to understand and identify the daily activities of nursing home residents age 60 and older.

Description of participant involvement
Your age must be 60 years old or older and a full-time nursing home resident. You must have normal or corrected-to-normal auditory acuity (hearing aids are acceptable). You need to have basic communication skills and be comfortable answering interview questions for approximately one hour or less. You will be interviewed to understand your needs and concerns and view two short videos.

Compensation
This study will take approximately 1 hour to complete. You will receive $20 as compensation.

Benefits and risks
There are no direct benefits for participation. There is a slight chance of breach of confidentiality or mild discomfort from sitting for a prolonged period of time.

Risk Mitigation
To mitigate the risk of breach of confidentiality we will ensure researchers have anti-virus software on their computers. To mitigate risk of discomfort from sitting during interviews, we will offer breaks to subjects.

Voluntary nature of the study
Your participation in this project is voluntary. Your participation is contingent upon reading, understanding, and giving consent to participate in this study by signing this form. Even after you sign this informed consent document, you have the right to withdraw from participating at any point during the study. You can do so simply by notifying the researcher about your desire to withdraw. The study will be stopped at that point. In that case, you will receive the full payment of $20. If you withdraw from the study, your data will be deleted. Also, the data will not be used in future research.

Confidentiality
You will not be identified in any reports describing the findings of this study. However, the Institutional Review Board or university officials responsible for monitoring this study may inspect these records. The data and responses collected during this study will be stored on a password-protected workstation or hard drive for three years after the duration of this study. Interviews will be conducted in private rooms with the door closed to help ensure privacy and confidentiality.

Contact information

If you have questions or concerns about this study after completing it, please contact the Co-investigator Jill Meyerson (jillmeye@umich.edu), (704)-456-5078 at 2260 Hayward St., Bob and Betty Beyster Building 3644, Ann Arbor, Michigan, 48109-2121.

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 2800 Plymouth Road, Building 520, Room 1169, Ann Arbor, MI 48109-2800; phone: (734) 936-0933 or toll free, (866) 936-0933; email: irbhsbs@umich.edu.

Consent

There are no direct risks to the public or community which could result from this research. By signing this document, you are agreeing to participate in the study. You will be given a signed copy of this document for your records and one signed copy will be kept with the study records. Be sure that questions you have about the study have been answered and that you understand what you are being asked to do. You may contact the researcher if you think of a question later.

Please read the following carefully:

I am at least 60 years old and I have read and understood the information given above. I have discussed this study and its risks and potential benefits with Jill Meyerson (or her representative). She has offered to answer any questions I may have concerning the study. I understand that if I have more questions or concerns about the study or my participation as a research subject, I may contact one of the people listed above. I understand that I will receive a signed copy of this form at the time I sign it. I hereby voluntarily consent to participate in the study.

Signature of participant:

_____

Date: _____

Name (print legal name): _____

I agree to have my interview audio recorded and pictures taken.

Signature of participant: _____

Date:_____

Name of participant (print legal name): _____

Research Study Oral Assent Script for Cognitively Impaired Older Adults

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Researcher: Hi. My name is [INSERT RESEARCHER NAME]. I am a student researcher at the University of Michigan. I would like to ask you some questions about what kinds of things you do here at the nursing home. It should take about one hour.

For your time, we'll give you $20. If you get tired or want to stop at any time, just let me know and we'll stop; you'll still receive the $20. Also, we'll write a report about what we found out, but we won't put your name in the report. Is this okay with you?

2 Options:

1. Participant agrees: Provides oral assent and we proceed with study.
   Researcher: Great. Let's get started.

2. Participant disagrees: Participant dissents or is uncooperative and we do not proceed with the study.
   Researcher: No problem. It was nice meeting you.

Research Study Consent Form

The goal of this research study is to understand and identify the daily activities of nursing home residents age 60 and older.

Description of participant involvement
The legal representative and the person you represent will be interviewed to understand more about the older adult's daily living activities and will view two short videos. The legal representative must meet the following criteria:

- 18 years old or older
- Have normal to corrected-to normal-auditory acuity (hearing aids are acceptable)
- Can comfortably answer interview questions for approximately one hour
- Basic communication skills

The cognitively impaired older adult must meet the following criteria:

- 60 years old or older
- Have normal to corrected-to normal-auditory acuity (hearing aids are acceptable)
- Can comfortably answer interview questions for approximately one hour
- Full-time nursing home resident
- Basic communication skills

Compensation
This study will take approximately 1 hour to complete. Legal Representative and the person legal representative is representing will each receive $20 for participating.

Benefits and risks
There are no direct benefits for participation. There is a slight chance of breach of confidentiality or mild discomfort from sitting for a prolonged period of time.

Risk Mitigation
To mitigate the risk of breach of confidentiality we will ensure researchers have anti-virus software on their computers. To mitigate risk of discomfort from sitting during interviews, we will offer breaks to subjects.

Voluntary nature of the study
The participation of the Legal Representative and the person they are representing in this research study is voluntary. Legal Representative participation is contingent upon reading, understanding, and giving consent to participate in this study by signing this form. Cognitively impaired older adult participation is contingent on their oral assent and upon their legal

representative's consent. Even after Legal Representative signs this informed consent document, Legal Representative and the person they are representing have the right to withdraw from participating at any point during the study by simply notifying the researcher about either's desire to withdraw. The study will be stopped at that point. In that case, Legal Representative and the person they are representing will each receive the full payment of $20, and any data we have collected will be deleted. If Legal Representative or person they are representing completes the study, we do not plan to use the data in future research.

Confidentiality

Legal Representative and the person they are representing will not be identified in any reports describing the findings of this study. However, the Institutional Review Board or university officials responsible for monitoring this study may inspect these records. The data and responses collected during this study will be stored on a password-protected workstation or hard drive for three years after the duration of this study. Interviews will be conducted in private rooms with the door closed to help ensure privacy and confidentiality.

Contact information

If Legal Representative and the person they are representing have questions about the study after completing it, please contact the Co-investigator Jill Meyerson (jillmeye@umich.edu), (704)-456-5078 at 2260 Hayward St., Bob and Betty Beyster Building 3644, Ann Arbor, Michigan, 48109-2121.

If Legal Representative or the person they are representing have questions about their rights as a research participant, or wishes to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 2800 Plymouth Road, Building 520, Room 1169, Ann Arbor, MI 48109-2800; phone: (734) 936-0933 or toll free, (866) 936-0933; email: irbhsbs@umich.edu.

Consent

There are no direct risks to the public or community which could result from this research.
By signing this document, Legal Representative is agreeing to participate in the study and allowing the participation of the person they are representing. Legal Representative will be given a copy of this signed document for Legal Representative records and one signed copy will be kept with the study records. Make sure all of your questions have been answered before signing this document.

Please read the following carefully:

I am at least 18 years old and the Legal Representative of [INSERT COGNITIVELY IMPAIRED OLDER ADULT'S NAME]. I have read and understood the information given above. I have discussed this study and its risks and potential benefits with Jill Meyerson (or her representative). She has offered to answer any questions I may have concerning the study. I understand that if I have more questions or concerns about the study or my participation as a research subject, I may contact Jill Meyerson (or her representative). I understand that I will

receive a copy of this signed form at the time I sign it. I hereby voluntarily consent to participate in the study.

Signature of participant's legal representative: _____

Date: _____

Name of participant's legal representative (print name):_____

Name of participant (print name):_____

I agree to have the participant's interview audio recorded and pictures taken.

Signature of participant's legal representative: _____

Date: _____

Name of participant's legal representative (print name):__________

Name of participant (print name): _____

Research Study Consent Form

The goal of this research study is to understand and identify the daily activities of nursing home residents age 60 and older.

Description of participant involvement
You must be a family member or friend of an older adult who lives full time in a nursing home and whom we will also interview. You also must be: 18 years old or older, have normal to corrected-to normal-auditory acuity (hearing aids are acceptable), can comfortably answer interview questions for approximately one hour, and have basic communication skills. You will be interviewed to understand the daily activities of nursing home residents and view two short videos.

Compensation
This study will take approximately 1 hour to complete. You will receive $20 as compensation.

Benefits and risks
There are no direct benefits for participation. There is a slight chance of breach of confidentiality or mild discomfort from sitting for a prolonged period of time.

Risk Mitigation
To mitigate the risk of breach of confidentiality we will ensure researchers have anti-virus software on their computers. To mitigate risk of discomfort from sitting during interviews, we will offer breaks to subjects.

Voluntary nature of the study
Your participation in this research study is voluntary. Your participation is contingent upon reading, understanding, and giving consent to participate in this study by signing this form. Even after you sign this informed consent document, you have the right to withdraw from participating at any point during the study. You can do so simply by notifying the researcher about your desire to withdraw. The study will be stopped at that point. In that case, you will receive the full payment of $20. Also, if you withdraw from the study any data we have collected from you will be deleted. If you complete the study, we do not plan to use the data in future research.

Confidentiality
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Signature of participant:

_____

Date: _____

Name (print legal name): _____

I agree to have my interview audio recorded and pictures taken.

Signature of participant:

_____ **Date:**_____

Name of participant (print legal name): _____

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Compensation
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Benefits and risks
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Signature of participant:

_____

Date: _____

Name (print legal name): _____

I agree to have my interview audio recorded and pictures taken.

Signature of participant: _____

Date:_____

Name of participant (print legal name): _____