

Department of Psychology



Consent form

Thank-you for coming to the university to take part in our research. Please read the following information, initial each statement, and then sign below to indicate that you agree to take part.

An exploratory analysis of Cortical hyperexcitability, anxious tendencies, and sleep.

Name of participant (print).....

Email.....

1. I have been given a written explanation of the study. It includes sufficient details about the study and I have been given the opportunity to ask questions.
2. I have been informed by Logan Caola that the purpose of the study is to explore how anxious tendencies and sleep tendencies, are related to cortical hyperexcitability.
3. I am aware that this procedure will involve myself completing three different surveys. One measuring cortical hyperexcitability, one measuring anxious tendencies, and one measuring sleep tendencies.
4. I understand that my responses will be recorded on paper, so that they can be coded and that all information about myself will be kept strictly confidential. Logan Caola will score the surveys, for the final purpose of producing a MSc dissertation (Logan Caola) and scientific publication in an academic journal (Jason Braithwaite, j.j.braithwaite@lancaster.ac.uk and Logan Caola, l.r.caola@lancaster.ac.uk).
5. I am aware that the risk of discomfort to myself is minimal
6. I understand that I will be allowed to withdraw at any stage without having to offer a reason.
7. Any questions I have asked have been answered to my satisfaction and I am aware that any future questions will be answered as fully as possible.
8. I understand that this agreement is of my own free will.

9. I have read and understood all of the statements above and agree that I can take part in the research as described. I have had sufficient time to think about the study and to decide, without pressure, if I want to take part.

10. If I have any concerns about the conduct of this research, I understand I can contact Professor Kate Cain (Head of Department): psychology.hod@lancaster.ac.uk

Signature of participants..... Date.....

Signature of researcher..... Date.....

If you would like to take part in any research with your child, at Lancaster university, please tick the box to indicate that you are happy for us to keep your details so that you can be contacted at a later date. (Details may be kept for a period not exceeding five years and will be used only for the purpose stated)