IRB #: 18599

Participant Study Title: Alcohol and Social Perception

Authorized Study Personnel

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Key Information:
If you agree to participate in this study, the project will involve:

- Heterosexual men between the ages of 21-30.
- Prior to your study visit, you will be asked to complete online questionnaires regarding how you think about yourself, how you think about other people, and your interactions with other people. The questionnaires will take approximately one hour to complete.
- During the study visit, you will also be asked to drink the equivalent of three to four alcoholic drinks. You will be asked to complete various computer-based questionnaires and activities. You may also see images that are erotic and be asked to interact with another participant. Prior to study participation, you will be screened (e.g., asked to blow into a breathalyzer) to assure that it is safe for you to consume alcohol.
- The study will take approximately 8 hours to complete. Alcohol impacts people differently, and you will have to stay until you reach a BrAC of .03% and pass a field sobriety test.
- There are risks associated with this study with respect to discomfort answering questions about yourself or perceptions of others or viewing images. Small to moderate doses of alcohol consumption are sometimes associated with nausea, vomiting, headache, etc.
- You will be paid $15/hour for your participation.
- You will be provided a copy of this consent form.

Invitation

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please ask.

Why are you being asked to be in this research study?

You are being asked to be in this study because you are a heterosexual male between the ages of 21-30. You also were invited to participate because you are a social drinker (drink two or more alcoholic drinks twice a month). For safety reasons, if you are less than six feet tall, you must be less than 250 pounds to participate; if you are over six feet tall, you must be less than 300 pounds to participate.

What is the reason for doing this research study?
Alcohol use can influence perceptions of ourselves and others. This research is designed to better understand how alcohol affects social perception.

What will be done during this research study?

The study will take about -8 hours to complete. Alcohol impacts people differently and you will have to stay until you reach a BrAC of .03% and pass a field sobriety test. The average sobriety period will be approximately 6 hours, though this could be longer for some people. Participants must remain in the lab until two separate readings on the breathalyzer indicate a level of .03% or lower and they pass a field sobriety test. The study will take place in the 501 Building at the University of Nebraska-Lincoln.

Screening Procedures. You will be asked to blow into a breathalyzer in order to ensure sobriety. If you have a positive BrAC test, you will be given an opportunity to reschedule the study for another time. Following the BrAC, you will be asked to review the answers of your phone screen. After this, you will be asked some questions about past potential head injuries. If you are eligible, you will be asked to proceed to the next part of the study.

Study Procedures. First, you will be asked to complete some online questionnaires before coming into the lab. These will ask questions about your demographics, relationships, perceptions of others, and your thoughts, emotions, and behaviors. You will be asked to drink the equivalent of three to four alcoholic drinks. You will be asked to complete various computer-based questionnaires and activities. You may also see images or read scenarios that are erotic.

What are the possible risks of being in this research study?

It is possible that you might experience some discomfort when answering questions about your relationships or when viewing images or reading scenarios. You may refuse to answer the questions or stop at any time without penalty and for any reason. Additionally, small to moderate doses of alcohol consumption may sometimes be associated with nausea, vomiting, headache, mental discomfort, and mildly disinhibited behavior. There are also safety risks associated with allowing an individual to leave a study in a state of intoxication. For these reasons, the following are required of participants who consent to the study. Specifically, if you consume alcohol, you agree to:

1. Stay at the location of the study until you reach a BrAC of .03% and pass a field sobriety test. You will not be allowed to leave until two separate readings on the breathalyzer indicate a level of .03% or lower and you pass a field sobriety test. ______(initials)

2. Either have a friend pick you up from the study location or take a taxi/Uber that the study will provide. ______(initials)

3. Refrain from consumption of alcohol or other drugs for 24 hours and to not operate dangerous equipment for 12 hours. ______(initials)

Despite all the precautions described above, there is still a small chance that you will have a negative physiological reaction following alcohol consumption. In the case of a non-emergency physiological reaction, you will be assisted in calling ______________________ (please list preferred medical facility). If needed, ______________________ (please list family member or
friend) will be called at _______________ (phone number) to escort you to the medical facility listed above. If the physiological reaction is more serious or urgent, medical services will be called using 911. If medical assistance is required, you may be asked to sign a private health information authorization releasing related medical information from your medical provider to the researchers and the UNL Institutional Review Board for review.

**What are the possible benefits to you?**

You are not expected to get any benefit from being in this study.

**What are the possible benefits to other people?**

The benefits to science and/or society may include better understanding of how alcohol influences the perception of the self and others.

**What will being in this research study cost you?**

There is no cost to you to be in this research study.

**Will you be compensated for being in this research study?**

You will receive $15.00/hour of study participation. Compensation will be provided at the end of the research study. In order to receive compensation for the online questionnaires, you must provide valid data (i.e. not rush through the questions too quickly and respond correctly to several validity check items). If you do not provide valid data, you will not receive compensation and may not be eligible to continue with the study. You will be asked to sign a receipt indicating that you received payment, for accounting purposes. If you receive over $100 you will be required to provide a social security number. All accounting receipts are provided to the Bursar.

**What should you do if you have a problem during this research study?**

If you have a problem or experience harm as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form. If needed, seek immediate emergency care for this problem. Please note, it is the policy of UNL not to pay for any required care. Agreeing to this does not mean you have given up any of your legal rights.

In the event of problems resulting from participation in the study, counseling and mental healthcare services are available at the UNL. Psychological Consultation Center, (402) 472-2351, 325 Burnett Hall, or the University Counseling and Psychological Services, 15th & U Streets, (402) 472-7450.

**How will information about you be protected?**

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The responses you provide will be identified only by a randomly assigned participant identification number, which will not be linked to your name or the data you provide. The originally collected paper data will be stored in a locked cabinet in the investigator’s office and will only be seen by the research team during the study and for 5 years after the study is complete. The originally collected electronic data will be stored electronically through a secure
server and will only be seen by the research team during the study and for 5 years after the study is complete.

To help protect your privacy, this project has a Certificate of Confidentiality from the Federal Government. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use this Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the Federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement of this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. The Certificate of Confidentiality will not be used to prevent disclosure to state or local authorities of child abuse and neglect, or intent to harm self or others.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the data will be reported as group or summarized data and your identity will be kept strictly confidential. De-identified data may be shared with other researchers (e.g., posted to the Open Science Framework) to aid with reproducibility and replicability of science. ClinicalTrials.gov is a website that provides information about federally and privately supported clinical trials. A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

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

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study related questions, please contact the investigator(s) listed at the beginning of this form.

For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB):

- Phone: 1(402)472-6965
- Email: irb@unl.edu

**What will happen if you decide not to be in this research study or decide to stop participating once you start?**
You can decide not to be in this research study, or you can stop being in this research study (‘withdraw’) at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with the University of Nebraska-Lincoln (list others as applicable).

You will not lose any benefits to which you are entitled.

**Documentation of informed consent**

You are voluntarily making a decision whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

**Participant Feedback Survey**

The University of Nebraska-Lincoln wants to know about your research experience. This 14 question, multiple-choice survey is anonymous. This survey should be completed after your participation in this research. Please complete this optional online survey at: [http://bit.ly/UNLresearchfeedback](http://bit.ly/UNLresearchfeedback).

**Participant Name:**

____________________________________________________________________ (Name of Participant: Please print)

**Participant Signature:**

____________________________________________________________________ Signature of Research Participant __________ __________ ___ Date

**Investigator certification:**

*My signature certifies that all elements of informed consent described on this consent form have been explained fully to the subject. In my judgment, the participant possesses the capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.*

____________________________________________________________________ Signature of Person Obtaining Consent __________ __________ ___ Date