



# RUTGERS

Robert Wood Johnson  
Medical School

**DEPARTMENT OF PSYCHIATRY**

## **CONSENT TO TAKE PART IN A RESEARCH STUDY**

TEXT OF ONLINE CONSENT FORM

**TITLE OF STUDY:** Contingency Perception  
**Principal Investigator:** David Zald, Ph.D.

This online consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in the study. It is your choice to take part or not. Ask questions if there is anything in the form that is not clear to you. If you decide to take part, instructions at the end of the document will tell you what to do next. Your alternative to taking part in the research is not to take part in it.

### **Who is conducting this research study and what is it about?**

You are being asked to take part in research conducted by *David Zald, Ph.D.* who is a psychologist at Rutgers University. The purpose of this study is to better understand how people make judgments about how the presence of an object or cue predicts outcomes. The research also tries to understand whether specific differences in those judgments are related to beliefs and behaviors in everyday life.

### **What will I be asked to do if I take part?**

The task and surveys will take about 20-30 minutes to complete. On each trial of the task, you will see screens that will quickly flash on your computer monitor, one screen at a time. Each screen will have an item, such as a type of food, and either an outcome, such as an allergic reaction, or a blank screen indicating no outcome. After seeing a string of these screens, you will be asked to rate the relationship between the cue and the outcome. Once you have completed all the trials, you will complete questionnaires and surveys asking about some beliefs and behaviors.

There are several different versions of the study, each which test slightly different questions about how people view different cue-outcome contingencies. We anticipate a total enrollment of 1470 people where up to 150 participants are enrolled in 7 planned experiments and 6 follow-up experiments.

### **What are the risks and/or discomforts I might experience if I take part in the study?**

Breach of confidentiality is a risk of harm but a data security plan is in place to minimize such a risk. Flashing screens can cause a seizure in certain individuals who have epilepsy. Because of the flashing screens used in this study you should not participate in this study if you have any history of seizures or epilepsy.

It is possible that you might feel embarrassed answering a few of the questions in the study. Because the researchers do not receive your name, the information is completely confidential. However, if you are uncomfortable answering a question, you can choose to skip it. If you decide to quit at any time before you have finished the *task or surveys* your answers will NOT be recorded.



**RUTGERS | eIRB  
APPROVED**

IRB ID: Pro2020002973  
Approval Date: 9/15/2022  
Expiration Date:

**Are there any benefits to me if I choose to take part in this study?**

There are no direct benefits to you for taking part in this research. You will be contributing to knowledge about how people make judgments about relations between cues and outcomes, and whether differences in these judgments are related to other beliefs or behaviors.

**Will I be paid to take part in this study?**

You will be paid at a rate of \$8.60 per hour for the 20-30 minute experiment. You will be paid a \$2.00 performance bonus if you are reasonably accurate in your estimates of contingencies (average estimates of less than 25% absolute deviation from the actual contingencies).

**How will information about me be kept private or confidential?**

All efforts will be made to keep your responses confidential. We will not receive any information from Prolific that can identify you. We will download your responses to a secure server that requires a password to access. Only study staff will have access to the password. There is no plan to delete the responses. No information that can identify you will ever appear in any professional presentation or publication.

**What will happen to information I provide in the research after the study is over?**

The anonymous study data may be stored for years. Responses may be used or distributed to investigators for other research without obtaining additional informed consent from you.

**What will happen if I do not want to take part or decide later not to stay in the study?**

Your participation is voluntary. If you choose to take part now, you may change your mind and withdraw later. If you do not click on the 'submit' button after completing the form, your responses will not be recorded. You may also choose to skip any questions that you do not wish to answer. However, once you click the 'submit' button at the end of the form, your responses cannot be withdrawn as we will not know which ones are yours.

**Who can I call if I have questions?**

If you have questions about your rights as a research subject, you can call the IRB Director at: New Brunswick/Piscataway HealthSci IRB (732) 235-9806 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at [humansubjects@ored.rutgers.edu](mailto:humansubjects@ored.rutgers.edu).

Please download and print out this consent form if you would like a copy of it for your files.

If you do not wish to take part in the research, close this website address. If you wish take part in the research, follow the directions below:

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information provided in this consent document. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty.

If you are 18 years of age or older, understand the statements above, and consent to take part in the study, click on the "I Agree" button to begin the research. If not, please close the window to leave the study.

## TEXT OF ONLINE CONSENT FORM

I Agree

Please download and print out this consent form so that you have a copy of it for your files.  
[consent form pdf](#)

It is your right as a research subject to have an official record that you agreed to participate in this research. If you wish to have a record, you may email Dr. David H. Zald, Ph.D. ([dz268@rbhs.rutgers.edu](mailto:dz268@rbhs.rutgers.edu)) with your name and an acknowledgment email will be sent to you. This will not be attached to your study responses. Otherwise, your participation in this study will remain completely anonymous.