CONSENT FORM
Parent Permission Form
The role of impulsivity in eating behavior and BMI in adolescents

Introduction
The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. Also, if you decide to let your child be involved in this study, this form will be used to record your consent.

If you agree, your child will be asked to participate in a research study comparing a sample of adolescent obese to healthy-weight individuals using both questionnaire and brain measures. The purpose of this study is to enhance research that may reveal specific brain targets of focus that can be used to modify existing prevention and treatment interventions to make them more effective for this population of at-risk adolescents. Your child was selected to be a possible participant because of their expressed interest in participating after viewing a description of the present study and were determined eligible during a phone interview. This study is being sponsored/funded by Sherecce A. Fields, Ph.D. and Steven Woltering, Ph.D in affiliation with Texas A&M University.

What will my child be asked to do?
If you allow your child to participate in this study, they will be asked to stay at the laboratory for the testing session. During the session your child will complete several questionnaires querying –eating behavior and personality characteristics, and do a few computer tasks (puzzle and game-like exercises) while they are wearing “sensor net” that records their brain activity.

To record brain activity, the sensor net will rest on your child’s head. People’s brains send out tiny amounts of electrical activity all the time and the sensor net will pick up these signals when they reach the skin. The net is made out of plastic strands that hold small sponges in place. These sponges are slightly damp and have a wire that will go to a computer to record the brain activity. You can see this net before deciding to participate or not. It takes about 5-10 minutes to fit the net so that all sponges are making contact before we start with the computer tasks. You should know the net is very safe and is even used for research on infants. There are no known harms associated with participation in this study.

All the information we collect is confidential and will only be shared with the research staff. Total time at the lab would be approximately 2 hours.

What are the risks involved in this study?
The risks associated with this study are minimal, and are not greater than risks your child ordinarily encounters in daily life.

What are the possible benefits of this study?
There may be no direct benefit for participants of this study, except for the participation payment that your child will receive. However, the information learned through the present study may have positive implications towards future prevention and intervention programs which has the potential to help adversely affected youth.

Does my child have to participate?
No, your child does not have to be in this research study. You can agree to allow your child to be in the study now and change your mind later without any penalty. Your participation is voluntary. You may decide not allow your child to participate or to withdraw your child at any time without your current or future relations with Texas A&M University or Texas A&M Health Behavior Research Group being affected.

What if my child does not want to participate?
In addition to your permission, your child must agree to participate in the study. If your child does not want to participate they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study he/she can change their mind later without any penalty. Their participation is completely voluntary and choosing to withdraw will not affect any current of future relations with Texas A&M University or Texas A&M Health Behavior Research Group.

Will there be any compensation?
April 2015
Your child will receive a $30 Amazon Gift card and, if your child so chooses, a picture of him/her wearing the brain net. Many children like to show this to their friends and family.

Who will know about my child’s participation in this research study?
This study is confidential and confidentiality will be protected via a data-coding system that does not connect your child's identifying information with their data codes. However, there will be a list linking names to codes while a person is participating in the study. This list will be destroyed upon completion of the study. The records of this study will be kept private. No identifiers linking you or your child to this study will be included in any sort of report that might be published. Research records will be stored securely and only Sherecce A. Fields, Ph.D., Steven Woltering, Ph.D., graduate research assistants, and undergraduate research assistants will have access to the records.

Whom do I contact with questions about the research?
If you have questions regarding this study, you may contact the principal investigator, Sherecce Fields, Ph.D. by phone at (979) 845-6152 or by email at safields@tamu.edu. For specific questions about the neural assessment, you can also contact Steven Woltering Ph.D. by phone at 979 862.8972 or email at swolte@tamu.edu.

Whom do I contact about my child as a research participant?
This research study has been reviewed by the Human Subjects’ Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at their toll free number: 1-855-795-8636 or via email at irb@tamu.edu.

Signature
Please be sure you have read the above information, asked questions, and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to allow yourself to participate in this study.

Signature of Legal Guardian: __________________________________________________________

Printed Name: _______________________________________________________________________

Child’s Name: _______________________________________________________________________

Date: ______________

Signature of Consenter: __________________________________ Date: ______________

Printed Name: _______________________________________________________________________

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