

CONSENT FORM

Validating objective measures of reward processing

Please answer the following questions to the best of your knowledge

DO YOU CONFIRM THAT YOU:

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Are not suffering from a mental health condition or neurological illness | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have no current physical injuries | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have no allergy or intolerance to sugar | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have no disorder of taste or smell | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are not diabetic | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are fluent in English | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have not previously taken part in a study using the Joystick Operated Runway Task | <input type="checkbox"/> | <input type="checkbox"/> |
| • Aged 18 years + | <input type="checkbox"/> | <input type="checkbox"/> |
| • You are happy to be contacted again to participate in a follow-up study? | <input type="checkbox"/> | <input type="checkbox"/> |

HAVE YOU:

- | | | |
|--|--------------------------|--------------------------|
| • Been given information explaining the study? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had an opportunity to ask questions and discuss this study? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Received satisfactory answers to all questions you asked? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Received enough information about the study for you to make a decision about your participation? | <input type="checkbox"/> | <input type="checkbox"/> |

DO YOU UNDERSTAND:

That you are free to withdraw from the study and free to withdraw your data prior to final consent

- | | | |
|--|--------------------------|--------------------------|
| • At any time? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Without having to give a reason for withdrawing? | <input type="checkbox"/> | <input type="checkbox"/> |
| • That your anonymised data may be made available via open access? | <input type="checkbox"/> | <input type="checkbox"/> |
| • What we mean by open access? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby fully and freely consent to my voluntary participation in this study

I understand the nature and purpose of the procedures involved in this study. These have been communicated to me on the information sheet accompanying this form.

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bristol will use the data I provide for no purpose other than research.

I understand the data I provide will be **confidential**, and that when the study is finished my data will be anonymised by removing all links between my name and other identifying information and my study data. This will be done before any presentation or publication of the data.

I understand that the data I provide may be made "Open access"

Participant's signature: _____ Date: _____

Name in BLOCK Letters: _____

Final consent

Having participated in this study

I agree to the University of Bristol keeping and processing the data I have provided during this study. I understand that these data will be used only for the purpose(s) set out in the information sheet, and my consent is conditional upon the University complying with its duties and obligations under the Data Protection Act.

Participant's signature: _____ Date: _____

Name in BLOCK Letters: _____

If you have any concerns related to your participation in this study please direct them to the Faculty of Biomedical Science Research Ethics Committee, via Liam McKervey, Governance and Ethics Officer (Tel: (0117) 33 17472. Email: liam.mckervey@bristol.ac.uk).