UNIVERSITY OF MICHIGAN ASSENT TO BE PART OF A RESEARCH STUDY FOR CHILDREN AGES ~10 TO 17

We want to tell you about a research study we are doing and see if you want to take part in it. Research is a way to learn more about something. This is the way we find how different teen's brains work.

- The name of this study is: Routine Functional Magnetic Resonance Imaging of the Brain
- The researchers are:
 - Hernandez-Garcia, Luis, Ph.D., Department of Biomedical Engineering, University of Michigan
 - Noll, Douglas, Ph.D., Department of Biomedical Engineering, University of Michigan
 - o Peltier, Scott, Ph.D., Department of Biomedical Engineering, University of Michigan
 - o Jonides, John, Ph.D., Department of Psychology, University of Michigan

It is okay to ask questions about what we are telling you. You can circle or highlight things on this paper you want to know more about. If you don't understand something, just ask us. We want you to ask questions now and anytime you think of them.

We are working to learn more about how teens brains work. To do this, we ask teens to come to the MRI laboratory where we take pictures of your brain using an MRI scanner.

You are being asked to be in this research study because you are participating in another study that is using the MRI laboratory for part of their research.

For you to be in this study both you and your parent (or guardian) must agree to you being in it. It is the adult's job to make sure the benefits and risks of this study are okay for you. But it is still up to you if you *want* to do it.

Parents and teens say "no" for different reasons. It may be that you would miss too many activities or school. It could be the risks seem too great or that the benefits seem too low. Whatever the reason, it is your decision. You will not be treated any differently if you say "no."

If you decide to be in this research and your parent or guardian says yes, this is what will happen:

- We will have you lie on a table in the MRI magnet space.
- We will ask you to lie still and play games or watch movies.
- You will hear knocking and beeping sounds while you are in the MRI.
- We take pictures of your brain with the MRI scanner.
- This MRI scan will take about between 30 minutes to 3 hours, depending on the study you are taking part in.

We do not know for sure if you will be helped by being in this study but you can feel good about helping us know more about teens and how their brains work. Also, we could learn something that will help other teens someday.

There is a chance that during the research you could feel uncomfortable, afraid, or lonely. We will take steps to help you with these feelings or discomforts. And you can stop at any time if you want to. Some of these risks are:

- You could get scared inside the MRI scanner because it is loud and the tube may feel small. Someone will be with you the whole time and your parent will be outside to make sure you are okay.
- The MRI scanner uses a magnet to take pictures of your brain so it could be dangerous if you have any metal in or on your body when you go into the scanner. We will ask you and your parent questions to make sure this does not happen before you go inside the scanner.
- You should not participate in the MRI if you are pregnant. If you are unsure of whether you
 might be pregnant, you will be given a pregnancy test. We will not tell your parent the result of
 the pregnancy test but there is a chance that your parent may figure out the result of the test
 on their own.

You don't have to be in this study if you don't want to. Nobody will be mad at you if you don't want to be in the research study. You can say okay now and you can change your mind later. Just tell the researcher or your parent or guardian if you want to stop at any time.

| Signature: | | |
|---|-------|--|
| I have read this form or someone has read it to me. If I did not understand something, I asked the assistant to explain it to me. I can always ask the assistant a question about the study if I don't understand something. I will be given a copy of this form. | | |
| Please check one box: | | |
| YES, I want to be in this study and I know I can change my mind later. | | |
| • NO, I do not want to be in this study. | | |
| | | |
| Teen's Name (print legal name): | | |
| Teen's Signature: | | |
| Date of signature: | Age # | |
| Date of Birth (mm/dd/yyyy): | | |

The following should be completed by the study member conducting the assent process if the youth agrees to be in the study. Check all that apply.

- □ The youth is capable of reading and understanding the assent form and has signed above as documentation of assent to take part in this study.
- □ The youth is not capable of reading the assent form, but the information was verbally explained to him/her. The child signed above as documentation of assent to take part in this study.
- □ The youth had ample opportunity to have his or her questions answered.

| Printed name of person obtaining agreement: | |
|---|--|
| Signature of person obtaining agreement: | |
| Date of signature: | |

Assent Subtitle: _ Assent Version: _