

## **Consent Form: Bioscience**

### ***Title of research study: Adult Bathing Surface Slip Resistance (II)***

**Investigator:** Thurmon E. Lockhart, Ph.D., Professor, School of Biological and Health Systems Engineering.

Please read this information carefully. The purpose of this document is to inform you about this research study. A member of our research team will talk to you about your participation in this research study. If you have questions at any time, please ask us.

To help you decide if you want to take part in this study, you should know:

- Taking part in this study is completely voluntary.
- You can choose not to participate.
- You are free to change your mind at any time if you choose to participate.
- Your decision will not cause any penalties or loss of benefits to which you are otherwise entitled.

If you decide to take part in this research study, you will sign this consent form to show that you want to participate. We will give you a copy of this form to keep.

### ***Why am I being invited to take part in a research study?***

We invite you to take part in this research study because you may be eligible for a study to assess safety requirements for bathing surfaces.

### ***Why is this research being done?***

The U.S. Consumer Product Safety Commission (CPSC), in lieu of the obsolete ASTM F462 standard, *Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities*, needs updated information to support the efforts toward establishing improved safety standards for bathtubs. In this phase II study, we will test currently available bathtubs in the market.

### ***How long will the research last?***

We expect individuals to spend at least 20 minutes participating in the proposed activities for each study session. There are three sessions, each consisting of the same activities. We also expect that each individual will spend a total of about an hour participating. However, participation may take up to 2 hours: if unexpected technical difficulties arise or breaks are needed. Therefore, participants will be paid for two hours.

### ***How many people will be studied?***

We expect at least 35 people to participate in this research study.

### ***What happens if I say yes, I want to be in this research?***

The proposed activities in this research include baseline measures (i.e., postural stability, eyes open and eyes closed; 10 m walk; Timed-up-and-Go (TUG); and 3-minute walking) at the ASU Locomotion Research Laboratory.

Prior to any assessment, you will first sign this document and then fill out a medical history form to determine your eligibility for the study. These survey assessments will take approximately 10 to 15 minutes for completion. If you are not eligible to participate in the study, we will thank you for your time and you will be free to go. However, if you are eligible, then we will measure your height and weight and proceed with testing. After filling out the medical history form and the consent documents, you will start the friction demand assessments on a variety of bathtub surfaces. Testing will take about an hour. However, you will be compensated for two hours.

After the baseline measurements of gait and postural stability characteristics, you will start the experiment. The experiment involves walking barefoot into and out of three bath tubs. In general, you will start at least 1.5 meters from the bathing surface and then step onto bathing surface (at normal walking pace) while stepping over a 38 cm bathtub rim onto the bathtub surfaces. The bathing surface will be either dry or wet to assess friction demand characteristics and slipperiness characteristics, respectively. You will be equipped with motion capture markers on your foot and the legs. During the activity, we will record your movements and also track your feet and leg movements using a motion-capture system which uses infrared cameras. Video data will also be used to assist in motion capture.

### ***What happens if I say yes, but I change my mind later?***

You can leave the research at any time. If you stop being in the research study, any data already collected may not be removed from the study database.

### ***Is there any way being in this study could be bad for me?***

There are no foreseeable risks in performing any of the protocols in this study. We are using non-invasive minimum risk assessments with a fall arresting harness. The activities which you will be performing will be common daily living activities, such as walking and standing. The Arizona State University (ASU) Institutional Review Board (IRB) has reviewed this proposed study and determined that it is in compliance with federal laws and ASU policies governing the protection of human subjects in research.

### ***What happens to the information collected for this research?***

Efforts will be made to limit the use and disclosure of your personal information, including research study and medical records, to people who have a need to review this information. Organizations that may inspect and copy your information include the IRB and other representatives of this organization.

### ***What else do I need to know?***

Your participation in this study is voluntary. You must be at least 18 years old, and we ask that you wear athletic clothing for this experiment. If you are not wearing the appropriate clothing, we will provide a change of clothes for you to wear for the duration of the experiment.

### ***Who can I talk to?***

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at Arizona State University – Dr. Thurmon E. Lockhart, [thurmon.lockhart@asu.edu](mailto:thurmon.lockhart@asu.edu), or 480-965-1499.

This research has been reviewed and approved by the Bioscience IRB. You may talk to them at (480) 965-6788 or [research.integrity@asu.edu](mailto:research.integrity@asu.edu) if:

- your questions, concerns, or complaints are not being answered by the research team;
- you cannot reach the research team;
- you want to talk to someone besides the research team;
- you have questions about your rights as a research participant; and/or
- you want to get information or provide input about this research.

### **Signature Block for Capable Adult**

| Your signature documents your permission to take part in this research.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person obtaining consent

| My signature below documents that the information in the consent document and any other written information was (1) accurately explained to, and apparently understood by, the participant, and (2) that consent was freely given by the participant.

\_\_\_\_\_  
Signature of witness to consent process

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person witnessing consent process