Consent of an Adult to Be in a Research Study

In this form "you" means a person 18 years of age or older who is being asked to volunteer to participate in this study.

Protocol Title: The Impact of Technology Among Adults with Low Vision and Quality of Life: A Mixed Method Study

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Key Information

1. Please read this form carefully. If you want to be in the study, you will need to give consent by signing this form. Your participation in this research is voluntary. You will get a copy of this form.
2. This project aims to understand how quality of life for individuals with low vision is impacted by functional performance and the use of modern technology. Participants will be asked to provide 1.5 hours of their time to participate in the study.
3. Reasonably foreseeable risks or discomforts to the prospective subject are minimal. The minimal risks to be aware of through the interview process are emotional discomfort, loss of privacy, and the amount of time the interview takes.
4. Compensation will be given in the form of a $15 gift card as well as eligibility to participate in potential future research this study may encourage.

Purpose of Study:

This project aims to understand how quality of life for individuals with low vision is impacted by functional performance and the use of modern technology. There are several low vision related assessments that target functional performance, however, the influence of occupational performance on QoL in adults with low vision is inconclusive. There is a gap in the literature about the use of technology and how it impacts functional performance in relation to perceived experiences for adults with low vision. The purpose of this study is to identify the ways functional performance and the use of technology influences the quality of life for adults with low vision.

Period of Time Required:

Your participation in this study will require 1 session for 60 to 90 minutes. You can change your mind about participating in this study at any time. Your permission does not end unless you cancel it. To cancel it, please send an email or a letter to the researchers listed on this form. Then you will no longer be in the study. The researchers will still use information about you that was collected before you ended your participation.

Confidentiality:

Shenandoah University and Valley Health occupational therapists will protect the privacy of participants involved in the study in a variety of manners. First, the occupational therapy researchers will have access to the identifiable data which includes

the R-SRAFVP assessment, the informed consent and the master list. Second, the participants' email addresses will be restricted solely to the principal investigator. Third, all identifiable data will be stored in a locked office with ‘Strictly Confidential’ written on the file folder at Shenandoah University. Fourth, participants will be known to the research team, when signing up for the interview and for data triangulation of the R-SRAFVP assessment results, the LVQoL assessment results and the qualitative results. Fifth, during the recorded interviews (Zoom or phone) the participants have the option of using their identification code, unless the participants request use of an alias name or their preferred name. Sixth, all deidentified data will be stored on password protected computers and no identifiers will be published or made available to the public. Finally, upon completion of the research project, all information including documentations with and without identifying information and evidence of video recording, field notes, and audio transcription will be properly disposed of to reduce the risk of privacy loss.

Procedures:

After signing the informed consent form, study participants will be added to the master list and given a research identification code to protect their privacy. Participants will then sign up for an interview slot for a Zoom or telephone (calling into Zoom) interview with Shenandoah University occupational therapy students. During the interviews, the occupational therapy students will conduct the R-SRAFVP assessment & LVQoL questionnaire with follow along interview questions at the date and time chosen by study participants.

Once the interviews are completed and recorded, the study participants may obtain their $15 gratitude gift card at request from the PI. The research team will then analyze the data, report results and draw conclusions. Finally, the research team will disseminate findings to the stakeholder maintaining the privacy of all study participants.

Discomforts and Risks:

Risks and side effects related to participation in the study include:

Potential risks with participation in this study are minimal. Emotional discomfort could be a risk if the participants recognize their deficits or realize they have a quality of life outcome they are not happy with after taking the LVQoL assessment and completing the interview. Another risk to consider is the potential loss of privacy of the participants as identifiable data will be initially collected by the primary investigator before being provided a research identifier code. The data provided will be kept confidential and the use of the research identifier code will remove the ability to link participants' responses to their individual data for anyone outside the study. Time to complete the survey could also present an inconvenience for participants.

Potential Benefits:

Throughout this study participants may gain insights to how much technology improves their quality of life which may improve their emotional state and outlook. Participants will also be eligible to

participate in potential future research that would address the needs identified by the study participants.

Photographic or Voice Recording:

This study involves the use of voice and/or video recording. Permission to photograph includes any method of producing a visual image including still cameras, movie cameras, or video cameras. Voice recordings may include conventional audiotaping or videotaping. All photographs or voice recordings will remain strictly confidential. All photographs and/or voice recording will be obtained via Zoom and the Otter app to collect interview data and generate written transcriptions respectively. Non-identifying data will be used for research, classroom teaching, presentation at professional meetings, and/or publication in professional journals and books unless specified otherwise.

You are free to withdraw your consent for photographic or voice recording at any time prior to completion of the recording. After the recording, you may request that any individually recognizable photographic or voice recording not be shared with anyone but the investigator(s).

Compensation:

After completing the interview, each participant is eligible to receive a $15 gift card to a local restaurant to thank them for participating. The compensation will be provided post interview and

can be picked up or mailed to each participant by the primary investigator.

If you have questions about this research study, contact:
Callie Victor. PhD, OTR/L, CLA, Office: 540-542-6547; Cell: 703-946-3256; Email: cvictor@su.edu

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You may report a concern about a study, ask questions about a study, ask questions about your rights as a research subject, or report a research-related injury by contacting the Institutional Review Board listed below.

IRB Compliance Coordinator, sucomply@su.edu or
IRB Chair, irbchair@su.edu

What does your signature mean?

Before you sign this form, please ask questions about any part of this study that is not clear to you. Your signature below means that you have received this information and all your questions have been answered. If you sign the form it means that you agree to join the study. You will receive a copy of this document after you have signed it.

Consent From Adult
To be completed by participants if 18 years of age or older.

_____	_____	_____
PARTICIPANT (SIGNATURE)	PARTICIPANT (PRINT)	DATE

Person Obtaining Consent

By signing below you confirm that you have fully explained this study to the potential subject, allowed them time to read the consent or have the consent read to them, and have answered all their questions.

_____	_____	____
PERSON OBTAINING CONSENT (SIGNATURE)	PERSON OBTAINING CONSENT (PRINT)	DATE