

CONSENT FORM
DAYTIME SLEEP STUDY

As a Sleep Cohort Study participant you have been selected to have a daytime nap study to test for daytime sleepiness. Participation involves a series of nap trials at the Sleep Research Lab in the University of Wisconsin Clinical Research Center. This is a standard test called the Multiple Sleep Latency Test. The results of the study will contribute to our knowledge of how many people have serious daytime sleepiness and what risk factors contribute to daytime sleepiness.

The study consists of reporting to the Sleep Research Lab at 8:00 AM. A series of nap trials will be performed at 9:00 AM, 11:00 AM, 1:00 PM, and 3:00 PM. Recording wires will be attached to the surface of your scalp and skin and an elastic band will be placed around your chest, as in the previous study. For each nap trial, you will be asked to lie down in a private bedroom. You will then be given a 20 minute opportunity to fall asleep. If you do fall asleep, you will be awakened after a few minutes. You will have free time for the two hours between each nap trial.

There are no risks associated with Multiple Sleep Latency Testing. None of the monitors cause any pain, but you may have some minor, temporary skin irritation from the adhesive that attaches the recording wires. All data is identified by code number only. Your file will be completely confidential and will not be shared with anyone.

We will send you the results of your Multiple Sleep Latency Test, which provides beneficial health information if serious daytime sleepiness is detected. You will receive \$100 for your participation and we will provide parking and lunch.

You are free to withdraw at any time and there is no obligation to take part in any further studies. We encourage you to ask any questions you may have before you decide. In the unlikely event of any physical injury occurring as a result of this research, the University does not automatically provide reimbursement for medical care or other compensation. If physical injury is suffered in the course of research, or if you have further questions or concerns, please feel free to contact Kathy Pluff at 263-0118.

I would like to participate in the sleep study research project described above. My signature indicates I have read the information in this consent form and have received a copy.

Signature

Date

Consent obtained by: _____

Investigator in charge: Terry Young, Ph.D. (263-5786)

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