

## Combined Consent and Authorization to Participate in a Research Study

### KEY INFORMATION FOR A RESEARCH STUDY OF HORROR GAMES AND PERCEPTIONS OF REALITY

We are inviting you to take part in a research study about the effects of playing horror video games. Healthy individuals over 18 years of age, who play horror video games an average of twice a week, may participate.

#### WHAT IS THE PURPOSE, PROCEDURES, AND DURATION OF THIS STUDY?

By doing this study, we are trying to see how frequent playing horror video games affects and alters perceptions of reality. We hope to learn how players of horror video games view the world around them. We want to determine if violent and scary content affect players' attitudes, expectations, and behaviors for everyday life. If you enroll in the study, you will participate in a brief gameplay session of a horror video game. Examples of game choices are included in Appendix x. Afterwards you will complete a brief survey. The Detailed Consent includes the topics included in the survey. Your participation will last about 1 hour.

#### WHAT ARE REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

Your participation in this study may not directly benefit you. However, by participating you will be helping us better understand how playing horror based video games impact behaviors, attitudes, and expectations.

#### WHAT ARE REASONS YOU MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. However, if playing the game or answering the survey causes you to feel emotional distress, you may stop participating. In addition, if you have epilepsy, a history of seizures, or if you are sensitive to flashing lights or moving patterns, you should not participate in this research.

#### DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any services, benefits or rights you would normally have if you choose not to volunteer.

#### WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?

The person in charge of this study is \_\_\_\_\_ of the \_\_\_\_\_. If you have questions, suggestions, or concerns about this study, his/her contact information is:

If you have any questions, suggestions or concerns about your rights as a volunteer in this research, contact staff in the \_\_\_\_\_ between the business hours of 8am and 5pm EST, Monday-Friday at \_\_\_\_\_ or toll free at \_\_\_\_\_

Continue to the Detailed Consent