

Study Title: Bright Light Therapy for Treatment of Sleep Problems Following Mild Traumatic Brain Injury

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The University of Arizona Consent to Participate in Research

Study Title: Bright Light Therapy for Treatment of Sleep Problems Following Mild TBI

Principal Investigator: William D. “Scott” Killgore, Ph.D.

Sponsor: Department of Defense (DoD)

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to participate.

You may or may not benefit as a result of participating in this study. Also, as explained below, your participation may result in unintended or harmful effects for you that may be minor or may be serious, depending on the nature of the research.

1. Why is this study being done?

Dr. William D. “Scott” Killgore and colleagues are conducting a research study funded by the Department of Defense. The study aims to understand the effectiveness of a six-week course of light exposure on cognitive functioning, mood, activity, and sleep in people that have suffered a mild traumatic brain injury (mTBI) or “concussion.” The study also aims to understand the effectiveness of a single day course of light exposure on cognitive functioning, mood, and activity in healthy persons who have not had an mTBI or concussion.

mTBI:

During the course of the study, if you have had an mTBI, you will complete two cognitive testing sessions and magnetic resonance imaging (MRI) scans, which will occur 6 weeks apart. During the two testing and MRI scan sessions, you will undergo a series of tests of attention, concentration, memory, and other cognitive abilities, and will complete clinical measures to assess mood and post-concussion symptom severity. During the intervening 6-week period, you will use a light device to provide 30-minutes of light exposure each morning. Daily activity and sleep patterns will also be monitored throughout the study’s duration by using self-report diaries, questionnaires, and a wrist worn activity monitor. You will have the option to continue this activity and sleep monitoring for 6 weeks after termination of the light exposure period to receive up to an additional \$200.

In this study, we will use functional and structural brain imaging techniques such as functional magnetic resonance imaging (fMRI) and diffusion tensor imaging (DTI) to evaluate brain function and brain structure before and after the 6-week light exposure period. Identifying and mapping the brain systems before and after light exposure may help

36 researchers develop further insights into the relationship between concussion, light exposure,
37 sleep, and brain function.

38
39 **Healthy Participants:**
40 You will complete a single cognitive testing session and magnetic resonance imaging (MRI)
41 scan session. During the duration of this visit, we will measure heart rate using a heart rate
42 monitor. This monitor is a mobile device placed in the middle of the lower chest region, and
43 does not hurt. During this cognitive testing session, these participants will undergo a series of
44 tests of attention, concentration, memory, and other cognitive abilities, and will complete
45 clinical measures to assess mood. Following this, these participants will sit in a darkened
46 room for 60 minutes of light exposure. Finally, you will undergo fMRI and DTI to evaluate
47 brain function following the light exposure in addition to some final tests and questionnaires.
48 Throughout this study visit, a saliva sample will be collected periodically from you for a total
49 of three times. This is to measure melatonin levels, and does not hurt. During this visit, you
50 will also wear an EEG headset. EEG stands for electroencephalography, and is used to
51 measure electrical brain activity. This is done by placing a mobile device on your head and
52 does not hurt or cause injury, although some people do have minor skin irritation.

53 Following this visit, you will be given an Actiwatch and instructed on its use until
54 their follow-up visit at approximately 8:30 pm the same day. During the follow-up visit, you
55 will return the Actiwatch, complete a final saliva collection, and have your heart rate
56 measured one more time.

57
58 You have been deemed eligible to take part in this study because:

59 1) you are a healthy person between the ages of 18 and 50
60 2) or you have experienced a mild traumatic brain injury (mTBI) or concussion during
61 the past 18 months, but no sooner than four weeks prior to the screening.

62
63 In order to decide whether you wish to be a part of this research study, you should know
64 enough about its risks and benefits to make an informed decision. This consent form is
65 intended to give you detailed information about the research project. A member of the
66 research team will also discuss the procedures that are involved, any risks, and possible
67 benefits of these procedures. Once you understand the study, you will be asked if you wish to
68 participate. If so, you will be asked to sign this form.

69 **2. How many people will take part in this study?**

70 Approximately 40 individuals with mTBI between the ages of 18 and 50 will participate in
71 this study. Fifty (50) healthy individuals between the ages of 18 and 50 will also participate in
72 this study.

73 **3. What will happen if I take part in this study?**

74 **mTBI:**

75 This study requires four visits including an initial assessment, two testing/scanning sessions
76 separated by six-weeks of daily light exposure treatment at home, and one visit during which
77 you will return the wrist activity monitor and fill out a subject payment form.

78 During this first visit at the University of Arizona, you will have the procedures of the study
79 fully explained. After providing written informed consent, you will then complete a brief
80 clinical interview as well as several questionnaires about your personality, light exposure, and
81 about the symptoms you have experienced since your mTBI. The first visit of the study will
82 last about two hours. Your first visit is still considered part of the initial screening portion of
83 the study and your responses to the assessment and questionnaires will be evaluated to
84 determine your eligibility for subsequent portions of the study.

85
86 Your eligibility is dependent on a number of factors that are important for the validity of the
87 study data. The Principal Investigator may decide not to schedule you for additional testing if
88 the screening data do not meet the specific requirements of the study or if there is reason to
89 believe that further continuation may not be in your best interest or in the best interest of the
90 study. If you are not eligible for continuation, you will receive \$25 for each hour you
91 participated in the first visit, up to a maximum of \$50 for the entire first visit.

92
93 At the conclusion of the first visit if you are considered eligible for the study, you will be
94 fitted with a wrist activity monitor, which will be used to measure your waking and sleep
95 patterns over the next few weeks. You will be required to wear this monitor at all times during
96 the 7 weeks of the study, except during swimming. The wrist monitor should be worn at all
97 other times, including showers. The only time it should be removed is if it is likely to be
98 completely submerged under water or if it could be damaged during physical activities. In
99 addition, you will complete a daily online sleep diary when you wake up in the morning. You
100 will wear the wrist activity monitor and complete sleep diaries and scales starting the week
101 prior to your baseline assessment/scanning session until the conclusion of the study.

102
103 Before you can participate in the remainder of the study visits, you must provide written
104 documentation from a physician, nurse, coach, trainer, or other qualified health professional
105 that documents that you sustained a mild head injury or concussion. This documentation must
106 be provided before you can undergo subsequent testing and scanning.

107
108 When you return for your second visit at the University of Arizona, you will complete
109 additional personality assessments, a comprehensive cognitive assessment battery, and several
110 tests of motor functioning. During these tests, we will ask you to solve problems, remember
111 lists of words, and complete other types of computerized mental tests. Throughout the
112 duration of this visit, we will measure heart rate using a heart rate monitor. This monitor is a
113 mobile device placed in the middle of the lower chest region, and does not hurt.

114
115 If you are a woman of childbearing age you will be required to take a urine pregnancy test
116 prior to entering the scanner. You will then be escorted to the MRI. During this part of the
117 study, you will spend approximately 1 hour in the MRI scanner. While in the scanner, you

118 will complete several experimental tasks. These tasks involve a spatial memory, attention,
119 and reasoning tasks, which will involve pressing buttons on a keypad to match the numbers
120 on a screen. We will also take some structural images of your brain, during which you will
121 not need to do anything but rest quietly.

122
123 You will also complete multiple sleep latency tests (MSLT), each of which will be a half hour
124 long. A multiple sleep latency test is a way to measure your brain activity while you take a
125 nap. This will require you to be fitted with several electrodes (small metal cups with wires
126 connected to a recording device) on your scalp and you will take a nap in a darkened quiet
127 room. While you are napping, the electrodes will monitor your brain activity. At the
128 conclusion of the assessment and scanning session, you will also be provided with a light
129 exposure device and instructed about its proper use. During one of your assessments, a voice
130 recording will be taken so the study team can make sure they captured your complete
131 response; this will be deleted as soon as your response is verified the same day. This second
132 visit should last approximately 9 hours.

133
134 For the following six weeks, you will use the light exposure device for **30-minutes** each
135 morning **within two hours of awakening, but prior to 10:30 A.M. each and every day.**
136 While undergoing light exposure, you can complete other activities, such as eating breakfast,
137 completing your daily sleep diary, reading the paper, or even watching TV. A power usage
138 meter will also be used in conjunction with the light device to measure compliance.
139 Specifically, the power usage meter will be used to measure: times of the day during which
140 the light device was used, duration of use, and intensity setting at which the light device was
141 used.

142
143 You will be contacted by phone about once per week for a brief follow up to make sure that
144 everything is progressing well and to answer any questions that arise. You will also receive
145 daily email reminders and occasional phone calls reminding you to complete your sleep diary
146 and use your light device. You will be asked to provide a preferred contact number and to
147 return any phone messages you receive from study staff.

148
149 At the completion of the 6 weeks of light treatment, you will return to the University of
150 Arizona for another visit. At that time you will return the light exposure device. You will
151 then complete more questionnaires and undergo cognitive assessments, functional and
152 structural neuroimaging scans, and MSLT nap assessments, very similar to the ones you did
153 during the prior visit. Throughout the duration of this visit, we will also measure your heart
154 rate again using a heart rate monitor. This visit will take approximately 9 hours.

155
156 **Optional Research Activity:**

157 Optional research activity is part of this project. For an additional six weeks, you may
158 continue to wear the wrist activity monitor and fill out the daily sleep diary to earn up to an
159 additional \$200. If you agree to participate in this optional part of the study, you must sign a
160 separate consent form after week 6 of the study. You will then return to the University of

161 Arizona for a final visit, during which you will return the wrist activity monitor and fill out a
162 subject payment form.

163 You will then return to the University of Arizona for a final visit, during which you will
164 return the wrist activity monitor and fill out a subject payment form.

165

166

167 **Healthy Participants:**

168 This study requires a visit consisting of an initial assessment; a testing/scanning session, light
169 exposure and three saliva collections followed by a follow-up visit the same day and a final
170 saliva collection.

171

172 During the initial assessment at the University of Arizona, you will have the procedures of the
173 study fully explained. After providing written informed consent, you will be asked to wear a
174 heart rate monitor for the duration of this visit. You will then complete a brief clinical
175 interview as well as several questionnaires about your mood and sleep habits, a
176 comprehensive cognitive assessment battery, and several tests of motor functioning. During
177 these tests, we will ask you to solve problems, remember lists of words, and complete other
178 types of computerized mental tests.

179

180 Following this, we will collect a saliva sample through a small plastic tube placed in the lower
181 part of the mouth. This is to measure melatonin levels, and does not hurt. Then, you will be
182 asked to sit in a darkened room for 60 minutes of light exposure. During this time, you will
183 wear an EEG headset so we can measure your brain activity, while you also complete several
184 computerized tasks. After this session, a second saliva sample will be collected.

185

186 If you are a woman of childbearing age you will be required to take a urine pregnancy test
187 prior to entering the scanner. You will then be escorted to the MRI scanner. During this part
188 of the study, you will spend approximately 1 hour and 30 minutes in the MRI scanner. While
189 in the scanner, you will complete several experimental tasks. These tasks involve a spatial
190 memory, attention, and reasoning tasks, which will involve pressing buttons on a keypad to
191 match the numbers on a screen. During one of the tasks, you will see brief presentations of
192 negative images displaying graphic content that some people might find distressing. We will
193 also take some structural images of your brain, during which you will not need to do anything
194 but rest with your eyes closed. Next, we will collect a third saliva sample will be collected.

195

196 After the scanning session, you will complete a few final tasks. After this, we will collect a
197 third melatonin sample. This study visit will take approximately 5 hours.

198

199 You will then be given an Actiwatch to wear until your follow-up visit at approximately 8:30
200 pm the same day and instructed on its use. At the follow-up appointment, a final saliva
201 collection will be taken while having your heart rate measured and you will return the

202 Actiwatch. The follow-up visit will take about a half hour. Your total participation time
203 should be about 5 and one half hours.

204
205 Magnetic Resonance Imaging (MRI) Procedures: All structural and functional MRI studies
206 will be conducted at the University of Arizona Medical Center. You will be studied in a
207 scanner that has a field strength of 3 Tesla. This field strength has been approved by the FDA
208 for routine clinical use.

209
210 The magnetic resonance (MR) scanner looks like a large cylinder with a tube running down
211 the center. You will be asked to lie down on your back on a foam-padded table and place
212 your head into a special holder. The table will gently move so that your head and shoulders
213 are part way inside the front opening of the scanner. Soft foam rubber pads may be placed on
214 both sides of your head for comfort and to help keep your head from moving. Because the
215 scanner contains a strong magnet, you will be asked to remove all metal objects from your
216 body including, but not limited to; watches, rings, necklaces, bracelets, earrings and other
217 body piercings, belts, loose change, wallet (with credit cards), items of clothing containing
218 magnetic materials (for example, under wire bras, certain types of zippers), and shoes. These
219 items will be secured in a safe place until your scan is completed. You will be able to remain
220 in your street clothes.

221
222 During the scanning procedure you will hear a number of different sounds. Some of these
223 sounds are loud and are part of the normal operation of the scanner. These noises vary with
224 the type of scan being performed. During the structural and functional MRI scans, you may
225 hear sounds like a hammer hitting a piece of wood, repetitive buzzing noises, and a long
226 series of loud beeps. In particular, the noises during the Diffusion Tensor Imaging (DTI) scan
227 are louder and you may feel a slight vibration. Some scans are silent. These sounds, or
228 combinations of them, may be repeated several times. Because many of the scans are loud,
229 you will be provided with earplugs to minimize the sounds.

230
231 The longest continuous period during the scan may be up to 20 minutes and you will not be
232 given breaks during these continuous periods. You are free to talk during the preparation time
233 for the scan, but you should not talk during the actual scanning process. During scans, you
234 should try to remain as still as possible. The entire time that you will be in the scanner will be
235 about 1 hour. When your session is over, the technician will move you out of the scanner and
236 assist you from the table.

237
238 Some people feel slightly cramped inside the scanner, so it is important to inform the study
239 staff if you have any concerns about the procedure or if you feel you may be claustrophobic.
240 The technician will be able to see and hear you at all times and you are free to end the
241 procedure at any time. You will be given an emergency squeeze ball to end the scan if you
242 experience any concerns or discomforts.

243
244 Randomization and Blinding:

245 • There will be two different groups of healthy participants enrolled into this study. Both
246 groups will go through all of the same study procedures but will each be exposed to
247 different wavelengths (colors) of light in order to test their effects on the brain. You will
248 not be told what group you have been assigned to, and your study coordinator will not
249 know which group you are in either. This will help determine how the light exposure
250 affects the brain.

251 • The light color given to you will be decided by a randomization procedure, which means
252 it will be chosen by chance, like the flip of a coin. No matter what condition you are
253 assigned to you will be monitored for adverse events, and will receive the same
254 compensation.

255 **4. How long will I be in the study?**

256 **mTBI:**

257 Overall it will take you about 7 weeks to complete this research study, and will require you to
258 come to the University of Arizona Medical Center for three study visits. If you choose to
259 participate in the optional 6-week follow-up portion of the study, you will be involved in this
260 study for a total of about 13 weeks.

261 **Healthy Participants:**

262 You will be in the study for a single day over two visits taking approximately 5.5 hours total.

264 **5. Can I stop being in the study?**

265 **Your participation is voluntary.** You may refuse to participate in this study. If you decide
266 to take part in the study, you may leave the study at any time. No matter what decision you
267 make, there will be no penalty to you and you will not lose any of your usual benefits. Your
268 decision will not affect your future relationship with the University of Arizona. If you are a
269 student or employee at the University of Arizona, your decision will not affect your grades or
270 employment status.

271 The Principal Investigator may also remove you from the study if it is in your best interest
272 and/or at his discretion in order to best serve the interests of the study and/or protect the
273 integrity of study data.

274 **6. What risks, side effects or discomforts can I expect from being in the study?**

275 Participation in this study may involve some risks or discomforts, which are described below.

277 During the study visits, you may be asked some questions during the brief clinical interview
278 and on the questionnaires that deal with personal or emotional matters. These questions might
279 cause psychological discomfort. You may refuse to answer any questions that make you
280 uncomfortable. If you reveal during these sessions that you are currently or have recently had
281 thoughts of self-harm or suicide, a qualified psychiatrist will be paged and appropriate follow-

282 up care will be ensured. Results of the clinical evaluation will be kept in a locked cabinet and
283 identified using only your unique study identification number.

284
285 Unlike X-rays or CAT scans, magnetic resonance (MR) technology does not use ionizing
286 radiation. Instead, it uses strong magnetic fields and radio waves to collect the images and
287 data. With appropriate precautions, there are no known hazards or risks associated with MR
288 techniques. Significant risks may exist for people with:

- 289 • Certain dental work, such as braces or permanent retainers
- 290 • Cardiac pacemakers
- 291 • Metal clips on blood vessels (also called stents)
- 292 • Artificial heart valves
- 293 • Artificial arms, hands, legs, etc.
- 294 • Brain stimulator devices
- 295 • Implanted drug pumps
- 296 • Ear implants
- 297 • Eye implants or known metal fragments in eyes
- 298 • Exposure to shrapnel or metal filings (wounded in military combat, sheet metal
299 workers, welders, and others)
- 300 • Other metallic surgical hardware in vital areas
- 301 • Certain tattoos with metallic ink (please tell us if you have a tattoo)
- 302 • Certain transdermal (skin) patches such as NicoDerm (nicotine for tobacco
303 dependence), Transderm Scop (scopolamine for motion sickness), or Ortho Evra (birth
304 control)

305
306 If you are unsure whether you have any of these items in your body, you should know that
307 most would have been placed or implanted as part of a surgical or dental procedure. So, trying
308 to remember any past operations may help you remember. Our policies for MRI may be
309 stricter than those in clinical settings, since even some devices made of materials considered
310 "MRI-safe" can still pose some risk or may distort the MRI image, so we do not allow such
311 materials into the scanner. You will be asked whether you have any devices such as those
312 listed above or history of exposure to shrapnel or metal filings, and, if so, you may not be able
313 to participate in this study.

314
315 Significant risks can also arise if certain materials (many types of metal objects) are brought
316 into the scanning area, as they can be pulled into the magnet at great speed. Such items can
317 cause serious injury if they hit you. Therefore, these types of items are not permitted in the
318 scanning area. You will not be allowed to bring anything with you into the scanning room.

319
320 The MR exams are painless, and except for pulsating sounds, you will not be aware that
321 scanning is taking place.

323 Your scan is scheduled to take place on a 3T scanner. You should know that those scanners
324 are approved by the FDA for routine clinical studies in children or adults. Although there are
325 no known risks from these scans, there could be adverse effects that are delayed or very mild,
326 such that they have not yet been recognized. Most people experience no ill effects from these
327 scans, but some people do report claustrophobia (fear of being in enclosed small spaces),
328 dizziness, mild nausea, headaches, and a metallic taste in their mouth, double vision, or the
329 sensation of flashing lights. These symptoms, if present, disappear shortly after leaving the
330 scanner.

331
332 In rare cases, a very slight, uncomfortable tingling of the back is induced in some people
333 undergoing certain types of scans. If you experience this sensation, you are asked to report
334 this immediately so the scan can be changed to avoid this. Although these precautions will
335 avoid all known risks associated with MRI, this procedure may involve risks to you that are
336 currently unforeseeable.

337 The sounds that you hear inside the scanner are the normal operating sounds the scanner
338 makes while it takes pictures of your brain. While they may be annoying, their intensity is not
339 harmful to your hearing. However, you will be given a pair of earplugs to wear to muffle the
340 sounds. You also may be asked to wear a set of headphones, which further reduces the noise
341 level and permits the technician to speak to you.

342
343 The light exposure device used in the present study (i.e., Philips goLITE) has no significant
344 known harmful effects. However, the light device is not recommended for individuals who
345 use photosynthesizing medications, who have had cataract surgery, or who have pre-existing
346 eye conditions, or bipolar disorder. Exact or similar forms of this device have been used for
347 treatment of seasonal affective disorder (SAD) and jet lag. This product has undergone
348 extensive safety testing based on U.S. and international standards for safety of light devices.
349 You will be instructed on how to properly use the device, especially regarding the importance
350 of **not staring directly at the LEDs**.

351
352 **NOTE: DO NOT STARE DIRECTLY AT THE LIGHTS ON THE LED PANEL. IT**
353 **IS SUFFICIENT THAT THE LIGHT REACHES YOUR EYES DIRECTLY FROM**
354 **THE SIDE.**

355
356 Although the light device is safe to use, we want to minimize unnecessary direct exposure to
357 the bright light to reduce the possibility of discomfort or persistent visual symptoms.

358 Therefore, **DO NOT STARE DIRECTLY AT THE LIGHTS ON THE LED PANEL.**

359 Although looking directly at the LEDs for brief periods is not known to be harmful to your
360 vision, it is unnecessary and may lead to glare, eyestrain, or other irritating visual sensations
361 that can be easily avoided by keeping the panel at an angle in your peripheral vision. It is
362 sufficient that the light reaches your eyes indirectly from the side. Looking directly at the
363 LEDs does not provide any additional benefit. Prolonged staring at the LEDs could lead to
364 significant eye irritation, lingering afterimages, or other symptoms such as headaches.

365 Although the light emissions of the device are well within safe limits and no problems have

366 ever been reported, we want to minimize any risks. While extremely unlikely, it is possible
367 that prolonged continuous staring at the LEDs could lead to more severe changes in vision
368 such as photoretinitis, a condition that is most commonly associated with looking for too long
369 at very bright light sources such as snow on a bright sunny. Such a condition could lead to
370 temporary or long-term vision problems. Thus, to minimize your risk, **DO NOT STARE**
371 **DIRECTLY AT THE LIGHTS ON THE LED PANEL.** As individuals may differ in
372 sensitivity to light, you may experience eye fatigue or irritation while using the light exposure
373 device. If you notice any unusual sensations or discomforts, you are advised to discontinue
374 use and to contact the principal investigator immediately.
375

376 There are no anticipated risks associated with saliva collection. These samples will be
377 collected via a small plastic tube placed in the lower part of your mouth. These samples will
378 be labeled with your unique study ID number only and will be kept in the research suite only
379 accessible to authorized study personnel.
380

381 There is the possibility of some irritation to the skin from the EEG/EKG leads. This can be
382 alleviated using lotion or cream.
383

384 Every effort will be made to protect the confidentiality of your study data and personal
385 information. Your name and identifying information will never be associated with your study
386 data. Instead you will be assigned a unique study ID. Despite these efforts, there is always
387 the possibility, however unlikely, that confidentiality could be breached. In rare cases of
388 emergency or in cases where it is possible that harm may come to yourself or others,
389 confidentiality cannot be ensured.
390

391 **Certificate of Confidentiality:**
392 We will do everything we can to keep others from learning about your participation in this
393 study. To further help us protect your privacy, we have obtained a Certificate of
394 Confidentiality from the United States Department of Health and Human Services (DHHS).
395

396 With this Certificate, we cannot be forced (for example by court order or subpoena) to
397 disclose information that may identify you in any federal, state, local, civil, criminal,
398 legislative, administrative, or other proceedings. The researchers will use the Certificate to
399 resist any demands for information that would identify you, except to prevent serious harm to
400 you or others, and as explained below.
401

402 A Certificate of Confidentiality does not prevent you, or a member of your family, from
403 voluntarily releasing information about yourself, or your involvement in this study.
404

405 If an insurer or employer learns about your participation, and obtains your consent to receive
406 research information, then we may not use the Certificate of Confidentiality to withhold this
407 information. This means that you and your family must also actively protect your own
408 privacy.
409

409
410 Disclosure will be necessary, however, upon request of DHHS for the purpose of audit or
411 evaluation, and is limited only to DHHS employees involved in the review.

412
413 We will in all cases, take the necessary action, including reporting to authorities, to prevent
414 serious harm to yourself, children, or others. For example, in the case of child abuse or
415 neglect, suicide, domestic abuse, etc. Please note that the Certificate of Confidentiality does
416 not represent an endorsement of the research study by the Department of Health and Human
417 Services or the National Institutes of Health.

418 **7. What benefits can I expect from being in the study?**

419 This research is not intended to provide any direct benefit to you. A potential benefit to
420 society is a better scientific understanding of effects of light exposure on cognition and sleep
421 patterns following a concussion. Such information may improve the ability to treat sleep
422 disorders and cognitive performance among patients with mTBI.

423
424 The diagnostic assessment and heart rate measures may reveal previously unidentified
425 psychiatric and/or cardiac abnormalities you didn't know you had. If any abnormalities are
426 identified, you will be provided with information about the finding and encouraged to follow
427 up with your primary care physician. Please note that we are not providing psychiatric,
428 neuroradiological, or other clinical services; only that we will let you know in the event that
429 the study team notices anything abnormal. We are unable to assume responsibility or offer
430 compensation for related medical costs that you make as a result of being informed of an
431 abnormal finding.

432
433 There may be instances in which an abnormality exists but is not identified in our analyses.
434 Our team is not trained in clinically diagnosing issues pertaining to abnormalities found in the
435 collected data. Further, our data analyses are not intended to treat, diagnose, or replace the
436 expertise of a medical doctor or a medical diagnosis. Thus, you should not rely on our
437 analyses to reveal abnormalities in your data, and our lab claims no responsibility for
438 abnormalities that go undetected during your participation in any research related activities.

439 **8. What other choices do I have if I do not take part in the study?**

440 You may choose not to participate without penalty or loss of benefits to which you are
441 otherwise entitled.

442 **9. Will my study-related information be kept confidential?**

443 Efforts will be made to keep your study-related information confidential. However, there may
444 be circumstances where this information must be released. For example, personal information
445 regarding your participation in this study may be disclosed if required by state law. Also, your
446 records may be reviewed by the following groups (as applicable to the research):

447 • Office for Human Research Protections or other federal, state, or international
448 regulatory agencies
449 • The University of Arizona Institutional Review Board or Office of Responsible
450 Research Practices
451 • The sponsor supporting the study, their agents or study monitors
452

453 **10. What are the costs of taking part in this study?**

454 There are no anticipated costs for you to be in this study. You are expected to find your own
455 transportation to and from the University of Arizona, but please speak with the study
456 coordinator if any issues arise related to transportation.

457 **11. Will I be paid for taking part in this study?**

458 **mTBI:**

459 You will receive \$1,000 for completion of the first three study visits (including the first
460 screening visit), continuous use of the actigraph, daily completion of the sleep diaries and full
461 adherence to the daily light exposure treatment. This payment is also intended to cover all
462 transportation expenses to and from the hospital as well as any food that you will need to
463 purchase during the study visits.

464 You may choose to participate in an additional 6-week follow-up period during which you
465 would continue to use the wrist-worn activity monitor and complete daily sleep diaries. This
466 period would conclude with an additional (fourth) visit to the lab to return the Actiwatch. You
467 would receive \$200 in additional compensation for full completion of all activities during this
468 follow-up period.

469
470 If you choose to withdraw from the study prematurely or are disqualified for any reason, you
471 will be compensated at a rate of \$25/hour for the time you were undergoing scanning and
472 testing, according to the following schedule:

473
474

- 475 • Discontinuation during or following the initial visit, you will be paid \$25 per hour up to a
476 maximum of \$50 for completing the initial clinical interview and questionnaires.
- 477 • Discontinuation before the end of the second visit (i.e., first testing and scanning session):
478 \$25/hour, up to a maximum of \$250 total, following return of all study-related equipment.
- 479 • Discontinuation any time during the 6-week light exposure period: \$275 maximum total
480 payment, following return of all study-related equipment.
- 481 • Discontinuation during but before the end of the third visit: \$275 plus \$25/hour during
482 the third visit, up to a maximum total payment of \$475, following return of all study-
483 related equipment.
- 484 • Completion of study procedures up to the end of the third visit and return of all study
485 equipment: \$900.

486 • Completion of all study procedures up to the end of the third visit, return of all study
487 equipment, and evidence that all at-home study procedures were followed (i.e., regular
488 compliance with the use of wrist activity monitors, full completion of sleep diaries,
489 regular usage of light exposure device as instructed and monitored through the WattsUp?
490 Pro® power usage meter): \$1,000. If you fail to return the Actiwatch and/or Light Device,
491 you will receive no compensation.

492
493 If you choose to participate in the 6-week follow-up period after the initial 7 weeks:

494 • Discontinuation at any time during the 6-week period post light exposure: \$1,000 plus
495 \$33.33/week for each week of participation after the end of the third visit.
496 • Completion of all study procedures for the entire duration of the study (13 weeks),
497 including return of all study equipment within 10 days and evidence that all at-home
498 procedures were followed (i.e., regular compliance with the use of the wrist activity
499 monitor, regular completion of sleep diaries): \$1,200. If you fail to return the Actiwatch
500 and/or Light Device, you will receive no compensation.

501
502 Payment cannot be rendered until all study-related equipment has been returned.

503
504 By law, payments to you may be considered taxable income.

505
506 **Healthy Participants:**

507 You will receive maximum compensation of \$200 total for completion of all study activities
508 including the assessment, light exposure, brain imaging scans, saliva collection, the follow-up
509 visit and return of the Actiwatch. This amount is also intended to cover any and all of your
510 transportation expenses to and from the hospital.

511
512 If you choose to withdraw from the study prematurely, you will be compensated at a rate of
513 \$8.05/hour for the time you were undergoing scanning and testing (up to a maximum of
514 \$40.00). You will be given a bonus of \$160.00 for completing the follow-up visit and
515 returning the Actiwatch. Your total maximum compensation is \$200. If you do not return for
516 the follow-up visit, or fail to return the Actiwatch, you will receive no compensation.

517
518 **12. What happens if I am injured because I took part in this study?**

519 We will offer you the care needed to treat any injury that directly results from taking part in
520 this research study. We reserve the right to bill your insurance company or other third parties,
521 if appropriate, for the care you get for the injury. We will try to have these costs paid for, but
522 you may be responsible for some of them.

523
524 Injuries sometimes happen in research even when no one is at fault. There are no plans to pay
525 you or give you other compensation for an injury, should one occur. However, you are not
526 giving up any of your legal rights by signing this form.

527 If you think you have been injured or have experienced a medical problem as a result of
528 taking part in this research study, tell the person in charge of this study as soon as possible.
529 The researcher's name and phone number are listed in the next section of this consent form.
530
531 If you suffer an injury from participating in this study, you should seek treatment. The
532 University of Arizona has no funds set aside for the payment of treatment expenses for this
533 study.

534 **13. What are my rights if I take part in this study?**

535 If you choose to participate in the study, you may discontinue participation at any time
536 without penalty or loss of benefits. By signing this form, you do not give up any personal
537 legal rights you may have as a participant in this study.

538
539 You will be provided with any new information that develops during the course of the
540 research that may affect your decision whether or not to continue participation in the study.

541
542 You may refuse to participate in this study without penalty or loss of benefits to which
543 you are otherwise entitled.

544 You have the right to get a copy of your study data as it pertains to this study by
545 contacting Dr. Killgore with the information provided on this form. Please note that you may
546 only get such information after the research is concluded and the primary findings have been
547 published.

548 An Institutional Review Board responsible for human subjects research at The
549 University of Arizona reviewed this research project and found it to be acceptable, according
550 to applicable state and federal regulations and University policies designed to protect the
551 rights and welfare of participants in research.

552 **14. Who can answer my questions about the study?**

553 For questions, concerns, or complaints about the study you may contact Dr. William Killgore
554 at the University of Arizona Department of Psychiatry at (301) 760-0765.

555
556 For questions about your rights as a participant in this study or to discuss other study-related
557 concerns or complaints with someone who is not part of the research team, you may contact
558 the Human Subjects Protection Program at 520-626-6721 or online at
559 <http://rgw.arizona.edu/compliance/human-subjects-protection-program>.

560
561 If you are injured as a result of participating in this study or for questions about a study-
562 related injury, you may contact Dr. William Killgore at the University of Arizona Department
563 of Psychiatry at (301) 760-0765 or Mike Miller at (520) 626-8573. If they cannot be reached,
564 you may contact the Department of Psychiatry at (520) 626-6255.

565
566

567 **Signing the consent form**

568 I have read (or someone has read to me) this form, and I am aware that I am being asked to
569 participate in a research study. I have had the opportunity to ask questions and have had them
570 answered to my satisfaction. I voluntarily agree to participate in this study.

571
572 I am not giving up any legal rights by signing this form. I will be given a copy of this signed
573 form.

574
575 May we have your permission to contact you again by phone in about 1-year to ask you a few
576 follow-up questions related to this study?

577
578 Yes

579
580 No

581
582 Would you be willing and interested to allow us to contact you about future studies for which
583 you might be eligible?

584
585 Yes

586
587 No

Printed name of subject

Signature of subject

AM/PM

Date and time

Printed name of person authorized to
consent for subject (when applicable)

Signature of person authorized to consent
for subject
(when applicable)

AM/PM

Relationship to the subject

Date and time

589
590
591
592
593

594

Investigator/Research Staff

596

597 I have explained the research to the participant or the participant's representative before
598 requesting the signature(s) above. There are no blanks in this document. A copy of this
599 signed form has been given to the participant or to the participant's representative.

600

**Printed name of person obtaining
consent**

Signature of person obtaining consent

AM/PM

Date and time

601

602