RESEARCH SUBJECT INFORMATION AND ASSENT FORM

Title: Intervention to Promote Survivor Resilience and Adjustment

VCU IRB Protocol Number:

Sponsor: National Institute on Disability and Rehabilitation Research (NIDRR)

Investigators:

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Please ask the study doctor to explain any words that you don't understand. You will get a copy of this paper to keep. You can think about this as much as you want, then let us know what you want to do. You can also talk it over with your family and friends, and then let us know what you want to do.

What is the purpose of this study?

To learn more about how a treatment program helps people after brain injury:

- Do patients feel better and function better after going through the program?
- What kinds of people get better after going through the treatment program?

People in the Department of Physical Medicine and Rehabilitation at the Virginia Commonwealth University Health System (VCUHS) are doing this study.

What happens if I agree to be in this study?

You would let us

- Get information from your medical records like how severe your injury was.
- Ask you questions and get you to fill out some surveys.
- Set up meeting times to get information from you before and after treatment.
- Set up 7 times to meet with you for the treatment.
- Call you to remind you about meeting times.

As part of this study, you will be placed in one of two groups by the study doctors. The first group will take part in the treatment program as soon as the surveys are finished and meeting times can be set up. The first group will answer the questions and surveys again when the treatment ends and then 3 months later. The second group will answer the questions and surveys and then wait for 5 weeks and answer the questions and surveys again. Then, the second group will start the treatment program. You will have an equal chance of being in either group.

Will I be compensated if I get ill or injured by taking part in this study?

- If you feel being in this study has injured you, tell your study doctor.
- Your study doctor will tell you who to see to get extra help with the problem
- You may be billed for this extra help. Your insurance may not pay for this extra help.
- If you feel being in this study has injured you, and you get extra help with the problem, please understand that we do not have money to pay these costs.

9/12/2012

ASSENT

I have read this form and know what it says. The study doctor has answered all my questions. I want to be in this study.

Participant signature	Date
Witness signature (Required)	Date
Informed Consent Discussion	Date
t from above)	Date
	Participant signature Informed Consent Discussion t from above)