# Automatic Assessment of Neuropsychiatric Symptoms at Home Predictive of Mental Health and Cognitive Disorders Using Non-Intrusive Ambient Intelligence Technologies

Informed Consent Form

NCT06704971

November 12, 2024

*IRB Use Only*
Approval Date: November 17, 2024
Expiration Date: **(Does Not Expire)**

**DESCRIPTION:** You are invited to participate in **a sub- project** of the research study, "Automatic Assessment of Neuropsychiatric Symptoms at Home Predictive of Mental Health and Cognitive Disorders Using Non-Intrusive Ambient Intelligence Technologies".

The purpose of this approved feasibility study, is to develop methods for accurate and non-intrusive assessment of NPS at home over time, document the sequence of occurrences of NPS, predict adverse events and provide interpretable data for accurate diagnosis. As part of the study, we have included the development of a Clinician Interface System or dashboard, summarizing patients' trajectories of NPS-related behaviors.

To clarify what a dashboard should offer in terms of clinical data that would be most beneficial, we are conducting a survey of 50 clinicians who care for older adults including geriatricians, neurologists, geriatric psychiatrists, psychologists, and primary care providers (PCPs). You have been selected to complete this survey because you frequently encounter patients with dementia in both early and late stages and often evaluate their neuropsychiatric symptoms. Your insights and experience are highly relevant to the objectives of this sub-project, helping us understand key clinical practices and challenges related to dementia care.

**TIME INVOLVEMENT:** Your participation will take approximately 10-15 minutes to complete.

**RISKS AND BENEFITS:** There are no risks associated with this study. The benefits which may reasonably be expected to result from this study are that participating individuals may benefit from the use of a future Clinician Interface System that would include patient information about the onset of NPS symptoms, change or anomalies in the behaviors, and trajectories of behavior over time. **We cannot and do not guarantee or promise that you will receive any benefits from this study.** Your decision whether or not to participate in this study will not affect your employment.

**PAYMENTS:** In appreciation of your time, respondents who complete the survey will be invited to receive an electronic gift card in the amount of $20.

**SPONSOR:** Stanford University is providing financial support and material for this study. Additional funding has been provided by the National Institute of Health Sciences via John Hopkins University & the University of Rochester and the Stanford Institute for Human Centered Artificial Intelligence.

**PARTICIPANT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled**. **The alternative is not to participate.** You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your individual privacy will be maintained in all published and written data resulting from the study.

**CERTIFICATE OF CONFIDENTIALITY**

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The researchers with this Certificate may not disclose or use information, documents, or biospecimens that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other action, suit, or proceeding, or be used as evidence, for example, if there is a court subpoena, unless you have consented for this use. Information, documents, or biospecimens protected by this Certificate cannot be disclosed to anyone else who is not connected with the research except, if there is a federal, state, or local law that requires disclosure (such as to report child abuse or communicable diseases but not for federal, state, or local civil, criminal, administrative, legislative, or other proceedings, see below); if you have consented to the disclosure, including for your medical treatment; or if it is used for other scientific research, as allowed by federal regulations protecting research subjects

**CONTACT INFORMATION:**

*Questions:* If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Ehsan Adeli at 650-498-0616
You should also contact them at any time if you feel you have been hurt by being a part of this study.

*Independent Contact:* If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at 650-723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

**Please feel free to print a copy of this page for your records**.

**If you agree to participate in this research, please proceed to the survey.**