

# Informed Consent Form (ICF)

## Redacted English Translation

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| <b>Official Title</b>      | Effects of Elastic-Band Resistance Training With or Without Breathing Exercise on Pulmonary Function and Functional Performance in Community-Dwelling Older Adults With Pulmonary Function Impairment: A Randomized Controlled Trial |
| <b>NCT Number</b>          | Not yet assigned   |
| <b>Document Type</b>       | Informed Consent Form (ICF)  |
| <b>Document Date</b>       | November 4, 2025   |
| <b>Source Document</b>     | Chinese informed consent form provided by the study team   |
| <b>Redaction Statement</b> | Participant names, signatures, date, and contact information have been removed.  |
| <b>Ethics Review Board</b> | Ethics Committee for Sports Science Experiments of Beijing Sport University  |

Note: This document is an English translation prepared for ClinicalTrials.gov submission. The participant signature section has been redacted to protect personal information. The original document was written in Chinese.

# Informed Consent Form

Dear community resident,

We sincerely invite you to participate in a research project entitled "Science-Based Exercise to Promote Health". Before deciding whether to participate, please read this informed consent form carefully. You may ask the researcher, your family members, friends, or other people any questions about this study. If you decide to participate in this study, you will need to sign this informed consent form.

## 1. Study Background

With social and economic development, lifestyle changes, and the acceleration of population aging, health problems among older adults have become increasingly prominent. To better understand the health status of community-dwelling middle-aged and older adults, this study integrates resources from primary care institutions, communities, universities, and research centers. It uses health questionnaires and exercise monitoring to investigate the health status of middle-aged and older adults in communities.

## 2. Study Methods

This study is an investigational health study. Participants will complete health questionnaires and exercise-related tests based on their current health status. The study will be conducted by the research team at the assessment site.

## 3. Study Procedures

We will invite you to take part in this study. Before any study-related activities begin, you must read and sign this informed consent form. After you voluntarily agree to participate and confirm that you are in good general condition, have no movement disorder, and do not have severe systemic disease such as acute cardiovascular or cerebrovascular events, infection, or abnormal cardiopulmonary function, the research staff will guide you through the study procedures.

You will be asked to complete questionnaires, including demographic and health information forms, medical history and medication use forms, nutritional assessment forms, the IPAQ physical activity questionnaire, the PSQI sleep quality questionnaire, the GAD-7 scale, the PHQ-9 scale, the SF-12 health questionnaire, and the DSQ dietary questionnaire. In addition, research staff will arrange physical examinations and tests such as physical fitness testing and body composition analysis. The entire procedure will take approximately 1 hour.

## 4. Potential Benefits

- (1) Qualified study staff will provide physical fitness and cardiopulmonary function assessments to help you better understand your health status.
- (2) Exercise rehabilitation teachers certified by professional associations will provide individualized exercise guidance.

## 5. Potential Risks

The risks of this study are low. However, any study may involve unexpected risks. If you experience any discomfort during testing, please immediately inform the researcher so that appropriate measures can be taken if needed.

## 6. Costs Related to Testing

You do not need to pay for study-related examinations or tests, including body composition analysis and physical fitness testing.

## 7. Confidentiality

The research team will collect or process your personal information and physical measurement information, including but not limited to your name, sex, date of birth, address, telephone number, smoking and alcohol use, and dietary and physical fitness data. Your personal information will be kept confidential and used only for this study. It will not be disclosed to any individual without authorization. If research papers are published, the manuscripts will not contain any information that can identify you.

## 8. Voluntary Participation

Your participation is completely voluntary. You may withdraw from the study at any time without any negative consequences.

### **9. Important Notes for Participants**

Please inform the researcher truthfully about your health status, medical history, and any medications you are currently taking. Please complete all exercise tests according to the study protocol. If you experience any discomfort during testing, please promptly inform the research staff.

Thank you for reading this form and for considering participation in this study.

### **10. Signature**

Participant:

I confirm the following:

- (1) I have read and understood the information provided in this informed consent form and have had enough time to consider whether to participate in this study.
- (2) All of my questions have been answered to my satisfaction.
- (3) I voluntarily agree to participate in this study and to follow the study procedures.
- (4) I understand that I may withdraw from this study at any time without giving any reason, and my treatment or rights will not be affected.
- (5) I have received a copy of the informed consent information and signed consent form for my own records.
- (6) I agree that my samples may be collected and used as described in this informed consent form.
- (7) I consent to the collection and use of my personal information in this study.

I understand that in the future the research team may contact me to obtain my permission for this study or any related future research.

By signing this document, I agree to participate in this study according to the information provided in this informed consent form and the consent statement.

**Participant printed name:**

**Participant signature:**

**Date:**

**Contact information:**