

## **Informed Consent**

Sedative Effect of Music Listening on Pain Induced by a Thermal Stimulus (Cold Pressor Test)

14/11/2025

## **Informed Consent**

I, the undersigned, \_\_\_\_\_, having been informed about the research entitled “*Sedative Effect of Music Listening on Pain Induced by a Thermal Stimulus (Cold Pressor Test)*,” agree to participate in this study. I understand that my participation is entirely voluntary and that I may withdraw from the study at any time, without any consequences for my relationship with the research team or my academic progress.

By signing this consent form, I acknowledge that I have been informed of the following:

1. The nature and purpose of the research, as well as the procedures involved.
2. The approximate duration of my participation, which is about 1 hour and 30 minutes.
3. The cold pressor test will be used to assess pain, and the effects of music listening on this pain will be measured.
4. My anonymity will be guaranteed throughout the study, and my personal data will remain strictly confidential.
5. I am free to withdraw my hand at any time during the cold pressor test if I experience excessive discomfort or intolerable pain.
6. I am free to participate or not, and I may discontinue my participation at any time.
7. A debriefing will be offered at the end of the study to present the results obtained, discuss their implications, and answer any questions I may have regarding the study.

I freely give my informed consent to participate in this study, having been informed of its objectives, methods, and data confidentiality. I understand that my consent is required before the study begins.

**Participant's Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal Investigator's Name:** \_\_\_\_\_

**Investigator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_