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Protocol Number

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Subject

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Week

		1
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Visit Number

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Date

2	0	1	
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1. Participation in this research study is not my decision.  True  False
2. I can withdraw from this study at any time without loss of services at this clinic or other negative consequences  True  False
3. If I chose to participate, I will be assigned to a computerized treatment ("brain training") designed to improve my attention, concentration and memory.  True  False
4. I will be assigned to a treatment depending on my favorite color.  True  False
5. I will be asked to complete the computerized treatment 3 times per week.  True  False
6. No matter what group I am assigned to, I will receive a medication.  True  False
7. I will be asked to provide urine and breath specimens for drug and alcohol testing once per week.  True  False
8. I cannot attend my other recommended treatment (group or individual therapy) at SATU while participating in this study.  True  False
9. Each computerized treatment session will last 1 hour.  True  False
10. The study will last 4 weeks.  True  False
11. I will receive at least \$15 worth of gift cards for attending each treatment session.  True  False
12. Any information I provide to the study staff can be shared with anyone who asks for it.  True  False
13. All study publications will mention me by name.  True  False
14. I may contact Dr. Kiluk (the study's principal investigator), the Yale Human Investigations committee, or other members of the research team if I have any questions about the study or my rights as a participant.  True  False

