

**UNIVERSITY OF WASHINGTON
CONSENT FORM
Project Ping**

Researchers:

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We are asking you to be in a research study. This form gives you information to help you decide whether or not to be in the study. Being in the study is voluntary. Please read this carefully. You may ask any questions about the study. Then you can decide whether or not you want to be in the study.

PURPOSE OF THE STUDY

The purpose of this screening survey is to determine if you are eligible to participate in a larger study about mood in everyday life.

STUDY PROCEDURES

This screening survey will ask you questions about your mood, demographics (e.g., age, race), smartphone and internet access, and willingness to participate in the larger study. This survey will take 2 minutes to complete.

You may refuse to answer any question you do not wish to answer. However, this may affect your eligibility to participate in the larger study.

RISKS, STRESS, OR DISCOMFORT

We will ask you questions about your mood in this survey which may make you feel uncomfortable. If your responses indicate that you may be eligible to participate in the larger study, or if you indicate that you have been having frequent suicidal thoughts, we will contact you by phone. Your information will be stored separately from your responses. However, it is still possible that your responses could be linked to your identity if these data were breached.

CONFIDENTIALITY OF RESEARCH INFORMATION

We will ask you for your name and contact information after you complete this screening survey. Your survey responses will be linked to your name via a unique ID number. Your survey responses will be kept confidential. If your responses indicate that you may be eligible to participate in the larger study, or if you indicate that you have been having frequent suicidal thoughts, we will call you to discuss the research in more detail. We will not call you in all other circumstances.

If we determine that you are eligible to participate, we will ask you to provide photo identification. We will also ask you to temporarily share your location via Google Maps. This will allow us to confirm your eligibility to participate in this research. You will not be able to participate in the larger study if you do not provide identification and temporarily share your

location via Google Maps. Your identification and your location confirmation will not be stored (i.e., saved) as data.

If you are invited to participate in the larger study, you will be asked to complete a baseline visit over Zoom (<https://zoom.us/>). You will be required to keep your device's camera on for this baseline visit.

Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

USE OF INFORMATION AND SPECIMENS

Using Your Data in Future Research

The information collected as part of this research will not be used or distributed for future research studies.

OTHER INFORMATION

You may refuse to participate in this screening survey and you are free to withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

A copy of this consent form is available for download by clicking the link below. It will be a "PDF" document. Most computers already have PDF viewer software installed, which will allow you to open, read, or print the consent form. If your computer does not already have a PDF viewer, you can download one for free here: <https://get.adobe.com/reader/>. If you prefer to receive a paper copy of this consent form at no cost to you, please email the lead researcher at adamkucz@uw.edu.

If you are having suicidal thoughts and need help to keep yourself safe, call the National Suicide Prevention Lifeline at 1-800-273-8255 or chat with them online by clicking this link: <https://suicidepreventionlifeline.org/chat/>

RESEARCH-RELATED INJURY

If you think you have been harmed from being in this research, contact Adam Kuczynski at adamkucz@uw.edu.

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098 or call collect at (206) 221-5940. I will receive a copy of this consent form.

I agree to participate in this screening survey

I do not agree to participate in this screening survey