This form should be completed in the light of the Principles and Guidelines issued by the Human Ethics Committee. Applicants must read those before filling out the application form. The latest versions of both the Guidelines and the Application Form can be found on the website of the Human Ethics Committee.

website: http://www.canterbury.ac.nz/humanethics

This application form is to be used for Applications *NOT* covered by the Educational Research Human Ethics Committee (ERHEC)

*NOTE: This electronic copy may not have sufficient space for completion of all parts of the form if downloaded as a blank copy of the application form. It is intended as a template for use by those staff and students who have access to a word processor. When typing in please type where the paragraph marks start after each question, not in the actual boxes.*

Please submit **SIX printed or typed copies** and **ONE electronic copy** ofthe completed application duly signed by applicant and supervisor or Head of Department, and all relevant documents referred to in questions 3, 7, 8, 9, 10, 11, 15 (i.e. authorizations, approvals, information and consent forms). Hard copies should be sent to the Secretary, Human Ethics Committee, Okeover House and electronic copies to human-ethics@canterbury.ac.nz.

1. PROJECT NAME:

**What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild to moderate dementia?**

2. NAME OF APPLICANT:

**Katrina Antoinette Aitken**

**Contact Telephone No: 027 6962 692; 337 7997, extension 66205**

UNIVERSITY DEPARTMENT (or other contact address):

**Department of Communication Disorders**

EMAIL ADDRESS:

Katrina.aitken@pg.canterbury.ac.nz or Katrina.aitken@cdhb.health.nz

STATUS OF PROJECT:

**M.Sc**

NAME OF SUPERVISOR:

**Dr. Tami Howe, Department of Communication Disorders**

OTHER INVESTIGATORS:

**Associate supervisors: Chris Wyles, Department of Communication Disorders, University of Canterbury; and Professor Michelle Bourgeois, Department of Communication Sciences and Disorders, University of South Florida, U.S.A**



SIGNED BY: Applicant: ............................................................ Date: **24 Jan 2014**



 HOD/Supervisor: ............................................................ Date**:23 Jan 2014**

**The checklist on the following page must be completed and signed by the applicant and, if the applicant is a student, by the applicant's supervisor**

**CHECK LIST**

Please check the following items before sending the completed form to the Committee.

**All the necessary signatures on page 1 have been obtained. [√ ]**

**All the necessary approvals under Question 3 have been obtained or are**

**the subject of correspondence of which copies are attached. [√] or NA**

**A copy of any questionnaire, with an appropriate rubric at the beginning**

**or accompanied by an appropriate covering page, is attached. [√] or NA**

**A list of interview topics and, for a structured interview, a detailed list**

**of questions, is attached. [√] or NA**

**A copy of any advertisement, or notice, or informative letter asking**

**for volunteers is attached. [√] or NA**

**A copy of each information sheet required is attached. [√] or NA**

**A copy of each consent form required is attached. [√] or NA**

**A copy of the required debriefing sheet is attached. [ ] or NA**

Attention to the preceding check list is intended to ensure that the application and its documentation have been thoroughly reviewed by the applicant and (where applicable) by the supervisor and that the preparation of the project is up to the standard expected of and by the University of Canterbury.

The signature of the applicant will be understood to imply that the applicant has designed the project and prepared the application with due regard to the Principles and Guidelines of the HEC, that all the questions in the application form have been duly answered and that the necessary documentation has been properly formulated and checked.



Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The signature of the supervisor will be understood to imply in addition that, in the judgment of the supervisor, the design and documentation are of a standard appropriate for a research project carried out in the name of the University of Canterbury or for training in such research.

Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  | **Delete** **whichever is** **in-applicable** |
| 3 | (a) | WILL THE PROJECT REQUIRE ETHICAL APPROVAL FROM OTHER BODIES? eg Health and Disability Ethics Committee (HDEC)If Yes, please explain how this approval has been or will be obtained, enclosing copies of relevant correspondence.*NOTE: To save time, it is recommended that in the case of HDEC applications, an application is made concurrently with the application to the UC HEC.* | **Yes****HDEC** |

|  |  |  |  |
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|  | (b) | WILL THE PROJECT REQUIRE APPROVAL FOR ACCESS TO THE PARTICIPANTS FROM OTHER INDIVIDUALS OR BODIES?(e.g., parents, guardians, school principals, teachers, boards, responsible authorities including employers, etc.)If Yes, please explain how this approval has been or will be obtained, enclosing copies of relevant correspondence.**Proxy consent will be obtained from the participant’s EPOA if the participant is considered unable to give informed consent.** |  **Yes** |

 (c) WILL THE PROJECT REQUIRE MAORI CONSULTATION? **Yes**

 If Yes, please provide evidence that consultation has occurred or, if underway,

 provide a copy of approval once gained.

**I met with Professor Angus MacFarlane and John Kapa, Māori Advisor Postgraduate, to discuss this study and implications for Māori. The Treaty of Waitangi will be acknowledged throughout the study, and should a participant identify as Māori, I will liaise with a kaumātua (māori elder) to ensure correct tikanga (māori protocol) and tautoko (support) are available and in place.**

**Please see attached Appendix (A)**

 (d) WILL THE PROJECT REQUIRE COMMUNITY CONSULTATION? **No**

 If Yes, please provide evidence of appropriate consultation.

|  |  |  |  |
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| 4 | (a) | IS THE PROJECT BEING EXTERNALLY FUNDED?If Yes, please identify the source of funds.**A Stimulator grant has been received for the development of the iPad memory book application to be used in this study.** |  **Yes** |

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|  | (b) | IS THE PROJECT COMMISSIONED BY OR CARRIED OUT ON BEHALF OF AN EXTERNAL BODY?If Yes, please identify the body andany Intellectual Property agreements. This includes ownership of data and reports arising. | **No** |
|  |  |  |  |

(c) IS THE PROJECT TO BE PART OF THE CEISMIC DIGITAL ARCHIVE? **No**

If so, please ensure all participants are made aware of this, and have filled in the



UC CEISMIC Quake Studies consent form. See www.ceismic.org.nz.

Further, please ensure that all participants are made aware of any of the above

in information sheets and consent forms provided.

**A. DESCRIPTION OF THE PROJECT**

Answer the following questions in language which is, as far as possible, comprehensible to lay people.

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| 5 | AIM |  |
|  | (a) What is the objective of the project?**To explore *the effect of an electronic memory book on the quality and quantity of conversations in adults with mild to moderate dementia*** |  |

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|  | (b) Describe the type of information sought.**Data measured for this study will include the number and type of utterances made during five-minute long conversations over approximately 16 to 19 sessions with the researcher.**  |  |

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|  | (c) Give the specific hypothesis, if any, to be tested.**The use of a digital memory book will facilitate conversation with individuals with a mild to moderate dementia by reducing ambiguous utterances and increasing factual on-topic statements made by the participants.** |  |

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| 6 | PROCEDUREDescribe in practical terms how the participants will be treated, what tasks they will be asked to perform, etc. Indicate how much time is likely to be involved in carrying out the various tasks.**The study will involve a multiple baseline single-case experimental design across topics.*****Participants*****Four participants with a diagnosis of dementia will be recruited for this study using an expression of interest ad through Alzheimer’s Canterbury. Informed consent will be gained from each participant; or assent if the participant is deemed unable to provide consent. Inclusion criteria for the participants with dementia for this study include: speak English; live at home with their spouse or another family member; have been diagnosed with dementia by a physician; able to hear adequately for one-on-one conversation as judged by the researcher; have passed the spaced-retrieval screen with the clinician; have a family member who is also willing to participate in the study; and able to use a swipe action to turn the page on an *Apple iPad™* independently. Exclusion criteria for the participants in this study include: presence of comorbid neurologic, communication, or psychiatric disorders, severe visual impairment or blindness; hemiparesis which restricts ability to swipe across *Apple iPad™* touch-screen. Once informed consent has been obtained, the demographics information questionnaire (see Appendix B) will be completed, as well as screening of the participant with dementia’s vision, communication, hearing, cognition (*Addenbrooke’s Cognitive Exam-Revised*), oral reading, ability to use spaced retrieval, and to use the *Apple iPad™* (see Appendix C) will be conducted. The *Functional Linguistic Communication Inventory* will also be conducted during the screening sessions to provide a rating for dementia severity (included in Appendix C).** ***Familiar Conversation Partners*Each participant with dementia will also have a family member participant included in the study to assist with developing an individualized memory book, as well as lead a conversation using prompts “Tell me all about [topic]” during the final research session. Inclusion criteria for the family member participants in this study include: are 18 years of age or over; are a frequent conversational partner with the participant with dementia (on a daily basis) as indicated by self-report; speak English; do not have a communication disorder (for example, aphasia) as indicated by self-report and are able to hear adequately for one-on-one conversation as judged by the researcher. Demographic information (see Appendix B) will be obtained from family member participants after informed consent is gained.*****Setting*Each phase of this study will be conducted in each participant’s home, unless the participant identifies another quiet location as being more convenient and suitable for the study. Each participant with dementia and the family member participant will be asked to identify an appropriate setting for the conversational sessions; for example, at the dining room table. The same setting will be used for all subsequent sessions. To reduce environmental distractions, the radio, television, and other disruptive external stimuli will be removed or turned off during each session. All sessions will be recorded using a digital video recorder loaned from the University of Canterbury, Department of Communication Disorders and saved onto an external hard drive to be reviewed for data analysis.** ***Stimuli*Prior to beginning the study, the researcher will use spaced-retrieval training to train the participant to swipe across the *Apple* *iPad™* screen to turn the page. During baseline and treatment sessions the researcher will navigate between topics of conversation. During the session with the family member, the family member participant will navigate between topics of conversation.** **The family member participants will assist the researcher over one to two sessions in developing the memory book using three conversational topics, My Day, My Family, and Myself, to be used throughout the study. Ten statements of fact will be selected in consultation with the participant and their family member in relation to each topic as relevant to the participant. Both the participant with dementia and the family member participant will be asked to provide photographs from their own collection to be scanned by the researcher, using a colour scanner, and uploaded to the researcher’s *Apple* *iPad™* to develop the memory book. If photographs are unavailable to use to illustrate a statement, or appear ambiguous, the researcher will use a digital camera to take a photo to represent the statement. Scanned photographs from each participant will be stored on individual USB sticks over the duration of the study and destroyed at the completion of the research project. The USB sticks will be stored in a locked cabinet in the researcher’s office in room 217, Level 2 of the Heathcote Building, The Princess Margaret Hospital. Only the researcher will have a key to the cabinet. This room is locked when not in use.****Where statements are unable to be illustrated using a photograph, a substitute non-copyrighted picture will be chosen by the researcher from *Google Images.*** **The researcher will begin each conversation in each of the baseline and treatment phases by saying, “This conversation will be videotaped for analysis. We’re going to have a 5 minute conversation about you, your family, and what you enjoy doing in daily life.” At the beginning of the baseline phases, the researcher will then say, “Let’s talk about [specific topic].”At the beginning of the treatment phases, the researcher will say, “Your family and I have made this memory book for you to use during our conversation [researcher presents memory book on the *Apple iPad™* ]. I will turn it on and open it for you. There are pictures and sentences in it so you can look them up to help you remember what you want to say. [Researcher will open to the specific treatment topic]. Let’s talk about [specific treatment topic]. Please swipe the screen to open the first picture [researcher will assist or demonstrate to the participant as needed] and let’s talk about [specific treatment topic].” The baseline phases will be conducted with the *Apple iPad™* present but remaining on sleep mode with a blank screen. Conversations will be timed for 5 minutes using a digital timer and filmed using a digital video recorder. During the conversation the researcher will sit quietly, responding with head nodding, smiles, and affirmations in order to demonstrate interest in the conversation and to encourage the participant to continue. Short phrases of praise to show comprehension and/or confirmation will also be provided (for example, “Mmhmm”, “That’s right”), as well as short statements representing understanding (for example “Ah, I see”, “Oh really?”) will be spoken in response to the participant’s appropriate elaborations on the current specific topic. If no response is made by the participant after 30 seconds during the treatment phase, the researcher will prompt the participant by asking “Would you tell me more about [the current specific topic]” if no further response is made by the participant after another 30 seconds, the researcher will prompt the participant to turn to a new page by saying “You can swipe your picture across the screen if you would like to see a new picture”. During the baseline phase, if no response is made at 30 seconds, the researcher will encourage the participant by asking “Would you tell me more about [the current specific topic]?” If the participant does not make a verbal response following another 30 seconds, the researcher will prompt the participant by asking “Is there anything else you can tell me about [current specific topic]?” At approximately 1.5 minute intervals, the researcher will redirect the conversation to the next topic by saying, “That was really interesting. Now I would like to know all about [topic]”. The session will end after 5 minutes have elapsed.** **Topics of conversation will be counterbalanced between baseline and treatment sessions to ensure no order effect occurs. Where a topic is still in baseline phase, the *iPad™* will remain in front of the participant but in sleep mode with a blank screen. Criterion for when baseline has been established is a minimum of three data points which are low and stable. Treatment will start with the topic with the lowest rate of on-topic statements of fact and the second treatment topic introduced once an effect has been established with a minimum of three data points. The second treatment topic will be the topic with the second lowest rate of on-topic statements of fact. A topic will be chosen at random from the three established topics of conversation for each session using a die with each topic assigned two numbers between one and six (for example, the topic “My family” may be assigned numbers 1 and 4). This process will be used to choose the order of topics of conversation during sessions for counterbalancing. Sessions will continue in the same way as in the baseline phase although with the *iPad™* present and turned on for the topic(s) being treated. The researcher will navigate between topics on the *Apple* *iPad™* during the treatment phase; however the participant will swipe to navigate between pictures and sentences chosen for each topic.** **Treatment sessions will continue for a minimum of three sessions or until an increasing trend was seen on a graph of the frequency of memory book statements. Then the researcher will present the memory book for the second topic; conversational sessions will continue for a minimum of three sessions or until a clear increasing trend is seen on the graph of the frequency of memory book statements. The final topic will then be presented on the *iPad™* memory book and conversational sessions continued as above. Once the treatment phases have been completed with the researcher, the family member participant will engage the participant with dementia in a conversation for 5 minutes using the memory book to facilitate conversation for generalization task. The family member participant will be untrained; however it is expected they have been present throughout sessions with the researcher. Maintenance of memory book efficacy will be assessed at about two weeks after the last treatment session by conducting a conversation following the same procedure as the final treatment session using all three topics.** **The family member participant consenting to participate in the study will be encouraged to be present during sessions with the researcher to indirectly observe conversations using the *iPad*™. The *iPad™* will not be left with the participants between sessions during the course of the study. Training will be provided to the family member participant to demonstrate how to turn pages and navigate between the three topics of the digital memory book on the *iPad™* just prior to the session involving the family member participant and the participant with dementia*.*** **At the completion of the study, the family member participant will be asked to complete a questionnaire reflecting on their experience during the study.****(Please see Appendix C for screening protocol, Appendix B for demographic questionnaire, and Appendix D for questionnaire provided at conclusion of the study).** |  |

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| 7 | DOES THE PROJECT INVOLVE A QUESTIONNAIRE? |  **Yes** |
|  | If Yes, please attach a copy, if possible.*NOTE: The HEC does not normally approve a project which involves a questionnaire without seeing the questionnaire, although it may preview applications in some cases where the production of the questionnaire is delayed for good reason.***Please see attached Appendix B** |  |

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| 8 | (a) | DOES THE PROJECT INVOLVE A STRUCTURED INTERVIEW?If Yes, please list the topics to be covered and the questions to be used.**Please see attached Appendix C** |  **Yes** |

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|  | (b) | DOES THE PROJECT INVOLVE AN UNSTRUCTURED INTERVIEW?If Yes, please list the range of topics likely to be discussed. |  **No** |

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|  | (c) | IF THE PROJECT INVOLVES AN INTERVIEW OF EITHER TYPE, WILL IT BE RECORDED BY: AUDIO-TAPEOR VIDEO-TAPE?*NOTE: This also covers focus groups.* | **No****Yes** |

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|  | (d) | WILL THE PARTICIPANTS BE OFFERED THE OPPORTUNITY TO CHECK THE TRANSCRIPT OF THE INTERVIEW?This also covers focus groups.*NOTE: it is normal practice to have participants review their transcription. If this is not to be the case, please explain why you believe it is not necessary. Participants should be informed of interview recording and transcription review.* |   **No** |

**Because the structured interview involves the questions about each of the topics used during the treatment phases, providing the participants with a transcript of the structured interview may affect the outcome of the study.**

**B. PARTICIPANTS**

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| 9 | (a) | WHO ARE THE PARTICIPANTS?**Four adults with a mild to moderate dementia, as reported by a family member. Diagnosis of a dementia is assumed as participants will be recruited through Alzheimer’s Canterbury which requires people accessing services have a formal diagnosis of dementia. One adult family member will also be recruited for each of the participants with dementia.**  |  |

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|  | (b) | HOW ARE THEY TO BE RECRUITED?If recruitment is by advertisement or letter or notice, please attach a copy.**Recruited through Alzheimer’s Canterbury. Recruitment notice for newsletter attached.** **Please see attached Appendix E** |  |

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|  | (c) | WILL ANY FORM OF INDUCEMENT BE OFFERED?If Yes, please give details and a brief justification.**If the participant has access to an iPad and a downloaded copy of the application used during the study, the participant will be offered a digital copy of their memory book on completion of the study. If the participant does not have access to an iPad, or does not wish to download the application used in the study, a hard copy will be offered to the participant using pictures and statements chosen with the family and researcher.**  |  **Yes** |

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|  | (d) | IF A SELECTION FROM A GROUP IS NECESSARY, HOW WILL IT BE MADE?eg randomly, by age, gender, ethnic origin, other - please give details. | **N/A** |

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|  | (e) | HOW MANY PARTICIPANTS (OF EACH CATEGORY, WHERE RELEVANT) DO YOU INTEND RECRUITING?**Four participants in total as this is a single-subject multiple-baseline experimental design investigation.** |  |

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| C. | **INFORMATION AND CONSENT** |  |
| 10. | WHAT INFORMATION IS BEING GIVEN TO PROSPECTIVE PARTICIPANTS?Please attach a copy of the Information Sheet (or sheets if there are different categories of participant or if responsible persons other than participants need to be informed).If information is being supplied orally, please provide a full description of the information provided.If information is to be provided via electronic means, please provide a copy of the webpage or link containing the information.Separate information sheets and consent forms are required if there are different categories of participant or if consent is needed from responsible persons other than participants.For children and young adults, please provide an information sheet and an assent form even if consent for their participation is sought from a parent/caregiver.**Please see attached Appendix F** |  |

*NOTE: Projects which involve only an anonymous questionnaire may not necessarily require a separate information sheet, provided that the rubric of the questionnaire includes your name and contact number as well as the other points contained in the model shown in the Guidelines. In general, however, the HEC recommends that participants be given an information sheet, which they may retain, unless there are good reasons against such a procedure.*

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| 11 |  | HOW IS INFORMED CONSENT TO BE OBTAINED? |  |
|  | (a) | The research is strictly anonymous, an information sheet is supplied and informed consent is implied by voluntary participation in filling out a questionnaire (include a copy of the rubric for the questionnaire as in Appendix C of the Guidelines)*This means you do not know the identity of any of the participants and will not include any personal participant details.* | **No** |
| *or* | (b) | The research is not anonymous, but is confidential and informed consent will be obtained through a signed consent form (include a copy of the consent form and information sheet)*This means that while you do/may know the identity of the participants, with respect to the data provided, you will not make their identity public.*Where confidentiality is promised, what will be done to ensure that the identities of participants cannot be known by unauthorized persons? (e.g. use of pseudonyms and disguising of identifying material). | **Yes** |
| *or* | (c) | The research is neither anonymous nor confidential and informed consent will be obtained through a signed consent form (include a copy of the consent form and information sheet). | **No** |
| *or* | (d) | Informed consent will be obtained by some other method – please specify and provide details. | **No** |
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| 12 | ARE THE PARTICIPANTS COMPETENT TO GIVE INFORMED CONSENT ON THEIR OWN BEHALF?*NOTE: Children and young adults under the age of 16 years (or 18 years if still at school) require parental/caregiver consent as do adults with disabilities that limit comprehension and consent. Such participants should be provided with a suitable information sheet and an assent form where practicable.*If No, please explain: | **Assumed Yes** |
|  | (a) Why they are not competent to give informed consent on their own behalf.**It is assumed that all participants will be able to provide informed consent to participate in this study, however if it is decided between the researcher, family, and referrer (Alzheimer’s Canterbury) that the participant is unable to provide informed consent, proxy consent will be gained from the participant’s Enduring Power of Attorney (EPOA), and assent gained from the participant.**  |  |

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|  | (b) How consent will be obtained.**Consent will be obtained from the participant’s EPOA if the participant is unable to provide informed consent.**  |  |

**D RISK, DECEPTION, PRIVACY**

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| 13. | WHERE WILL THE PROJECT BE CONDUCTED?*NOTE: It is recommended that interviews be conducted in public spaces and where possible, not in private homes. In the case of research involving children, young adults and participants with disabilities, an adult other than the researcher is required to be present.***Sessions will be completed with participants in their own homes unless otherwise specified by the participant. A family member will also be present during sessions to observe, and participate in a conversation to measure generalization at the end of the treatment phases and during the maintenance phase.** |  |

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| 14. | FORESEEABLE RISKS TO THE PARTICIPANTSIf the answer to any of these questions is “Yes”, please indicate briefly the nature of the risk and what actions you could take, or support mechanisms you could rely on, if a participant should become injured, distressed or offended while taking part in this project.Support should not be undertaken by researcher. At the very least a list of support services should be included in the information sheet and also participants made aware of the possibility in the information sheet. |  |
| (a) | Is there any risk to physical well-being?If yes describe processes in place: |  **No** |
| (b) | Could participation involve mental stress or emotional distress?If yes describe processes in place:**There is the possibility that participants with dementia could feel emotionally distressed from viewing photographs and reminiscing about memories. If a participant displays signs of distress the researcher will terminate the session and measures will be taken to ensure the participant is supported. The participant’s family member will be present during all the sessions. In addition, the researcher is a certified speech-language therapist with two years’ experience working with individuals with dementia. Photographs identified as being an emotional trigger will be removed from the memory book and will not be included in any subsequent phases of the study.**  |  **Yes** |
| (c) | Is there a possibility of giving moral or cultural offence? If Yes, describe processes in place and consultation/awareness undertaken: |  **No** |

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| 15. | IS DECEPTION INVOLVED AT ANY STAGE OF THE PROJECT? |  **No** |

*NOTE: The use in the information sheet or consent form or questionnaire of a title which differs from the project title given in this application form, in order not to reveal the real aim of the project, is considered to be a form of deception however mild.*

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|  | If Yes, please  |  |
|  | (a) Explain how and why it is to be used and how the participants will be 'debriefed' following their participation in the project. |  |

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|  | (b) Attach a copy of the debriefing sheet prepared for use by the researcher or for distribution to the participants after their participation in the project or after the completion of the project. |  |

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| 16. | WILL INFORMATION ABOUT THE SUBJECTS BE OBTAINED FROM THIRD PARTIES?This includes ‘snowball’ recruitment and also the accessing of potential participants via a third party.In general third party contact information should not be given directly to the researcher – participants should contact the researcher and/or agree to be contacted.If Yes, please state: |  **Yes** |
|  | 1. The identity of the third party or parties.

**Alzheimer’s Canterbury will be involved as an initial contact to identify potential participants with dementia and their family members who meet the selection criteria and who may be interested in participating in the study**. |  |

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|  | 1. Why such information is needed.

**By recruiting through Alzheimer’s Canterbury, this also acknowledges a diagnosis of dementia has been established and that participants are aware of this diagnosis and are receiving formal/informal supports through the organization as required.**  |  |

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|  | (c) Whether appropriate consents for access to such information have been or will be obtained. | **N/A** |

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|  | 1. Whether the use of such data in your research project needs the consent of the participants.

**Alzheimer’s Canterbury will not be disclosing any information pertaining to participants. They will send out research information sheets to potential participants only.**  | **N/A** |

*NOTE: It may happen that by virtue of your job, you have right of access to information concerning the participants. Such information may have been given by the participants for a particular purpose or collated by yourself or colleagues in the normal course of your job. The use of such information for a quite different purpose (i.e., a research project culminating in some form of report) may well require that potential participants at least be informed that their agreement to participate may involve such use. The Information Privacy Principles should be consulted for guidance in this area.*

**F DATA STORAGE AND FUTURE USE**

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| 17 | HOW WILL THE DATA BE STORED? |  |
| (a) | Provide details of Where will the data with identifying information be securely stored?**Data with identifying information will be stored on the University of Canterbury Intranet Student drive (k-drive), which is password protected.****An external hard drive used as back up of data will be stored with the researcher at The Princess Margaret Hospital. This will be stored in a locked cabinet with the researcher having the only key. The cabinet is stored in the researcher’s office in room 217, Level 2 of the Heathcote Building, at The Princess Margaret Hospital. This room is locked when not in use.**  |  |

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| (b) | Provide details of Where will the data with no identifying information be securely stored? |  |

*NOTE: All storage facilities should be locked and should be in rooms which can be locked.*

**Data with no identifying information will be stored on the University of Canterbury Intranet Student drive (k-drive), which is password protected.**

**An external hard drive used as back up of data will be stored with the researcher at The Princess Margaret Hospital. This will be stored in a locked cabinet with the researcher having the only key. The cabinet is stored in the researcher’s office in room 217, Level 2 of the Heathcote Building, at The Princess Margaret Hospital. This room is locked when not in use.**

|  |  |  |
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| (c) | Who, apart from the researcher and their supervisor (where applicable) will have authorised access to the data?Note: Research Assistants and Transcribers need their own confidentiality forms and their participation needs to be made known to participants.**Research assistant(s) who will transcribe the videotapes. These research assistants) will be asked to sign the Transcribers – Confidentiality form (see Appendix G).**  |  |

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| (d) | What will be done to ensure that unauthorised persons do not have access to the data?* **Stored on password-protected computer account**
* **Data will be stored separate to participant’s identifying details.**
* **Coding will be used on all data so no identifying information will be attributed to stored data.**
* **All external data will be kept in a locked cabinet drawer which the researcher will hold the only key.**
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|  |  |  |
| --- | --- | --- |
| (e) | What will happen to the raw data at the end of the project?*NOTE: up to MA level data is kept for 5 years and then destroyed; for above MA and staff research, it is normal practice to keep for 10 years and then destroyed. Participants need to be informed of and consent to what is decided.***Scanned photographs from each participant will be stored on individual USB sticks over the duration of the study and destroyed at the completion of the research project.****All other data will be stored in a locked filling cabinet in the Department of Communication Disorders at the University of Canterbury campus and then destroyed after 5 years.**  |  |

|  |  |  |
| --- | --- | --- |
| 18 | What plans do you have for publication of the data?*NOTE: Master’s thesis and PhDs are public documents via the UC library database Also, participants should be offered summary of results***UC library database, publication of the study results in a peer-reviewed journal. All identifying information will be identified and pseudonyms used in any publications.** |  |

|  |  |  |
| --- | --- | --- |
| 19 | ARE THERE PLANS FOR FUTURE USE OF THE DATA BEYOND THOSE ALREADY DESCRIBED?If Yes, please describe the future use. |  **No** |

*NOTE: It may be the case that such future use should properly involve the production at an appropriate later date of additional information sheets and/or consent forms prior to such use. In that case, copies of those additional documents should be sent to the Human Ethics Committee, along with a covering letter referring to the present project, for HEC approval.*

**Appendix A – Evidence of Māori Consultation**

****

**Appendix B –Demographic information form for the participant with dementia and for the family member participant**

**Questionnaire**

|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild to moderate dementia? |
| **Researcher** | Katrina A. Aitken |

Thank you for your time and contribution during your participation in this research project. This is a brief questionnaire which will take between 5 and 10 minutes to complete.

What is your date of birth?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Day |  | Month |  | Year |

What is your gender?

* Male
* Female

Which country were you born in?

* New Zealand
* Australia
* England
* China (People’s Republic of)
* India
* South Africa
* Samoa
* Cook Islands
* Other *(please indicate)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were not born in New Zealand, what year did you first arrive to live in New Zealand?

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Month (in known) |  | Year |

Which ethnic group do you belong to?

* New Zealand European
* Māori
* Samoan
* Cook Island Māori
* Tongan
* Chinese
* Indian
* Other *(please indicate)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the highest level of education you have completed?

* Intermediate School
* High School Certificate
* Bursary
* Diploma
* Bachelor’s degree
* Postgraduate Study
* Other *(please indicate)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix C – Structured Interview**

Memory Book Study Protocol

**Participant Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. Screening Measures:**

 a. functional vision, hearing, and communication screening measures (Bourgeois et al., 2001)

**VISION (from Minimal Data Set 2.0)**

(Ability to see in adequate light and with glasses if used)

0. ADEQUATE – sees fine detail, including regular print in newspapers/books.

1. IMPAIRED - sees large print, but not regular print in newspapers/ books.

2. MODERATELY IMPAIRED- limited vision; not able to see newspaper headlines, but can identify objects.

3. HIGHLY IMPAIRED – object identification in question, but eyes appear to follow objects.

4. SEVERELY IMPAIRED - no vision or sees only light, colours, or shapes; eyes do not appear to follow objects.

**VISUAL LIMITATION/ DIFFICULTIES**

a. Side vision problems – decreased peripheral vision(e.g., leaves food on side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self).

b. Experiences any of following: sees halos or rings around lights; sees flashes of light; sees curtain over eyes.

c. NONE OF ABOVE

**VISUAL APPLIANCES**

 Glasses; contact lenses; magnifying glass

0. No 1. Yes

**HEARING**

(With hearing appliance, if used)

0. Hears adequately – normal talk, TV, phone

1. Minimal difficulty – when not in quiet setting

2. Hears in special situations only- speaker has to adjust tonal quality and speak distinctly

3. Highly impaired – absence of useful hearing

**COMMUNICATION DEVICES/ TECHNIQUES**

(Check all that apply during last 7 days)

a. Hearing aid present and used

b. Hearing aid, present and not used regularly

c. Other receptive communication techniques used (e.g., lip reading)

**COMMUNICATION**

 **5 MINUTE CONVERSATION**

Set stopwatch for 5 minutes. Prompt at 3.5 and 2.0 minutes approximately. If necessary, use other general prompts (“tell me more” or “what else can you tell me about your life, family, etc.”).

1. Tell me about your family.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Tell me about your life. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Tell me about your day. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating of Responses

1. No verbal or vocal response to interviewer.
2. Unintelligible verbal responses, or vocalizing only.
3. Single word responses, includes yes/no responses.
4. Phrases, multiword only.
5. Single sentences only.
6. Elaborated conversation; multiple sentence responses; appropriate, normal conversation.

**II. ADDENBROOKE’S COGNITIVE EXAM - REVISED (Final Revised Version A 2005)**

Name:

Date of birth:

Date of testing:

Tester's name:

Age at leaving full-time education:

Occupation:

Handedness:

**O R I E N T A T I O N**

Ask: What is the

Day

Date

Month

Year

Season

[Score 0-5]

Ask: Which

Building

Floor (Room)

Town

County

Country

[Score 0-5]

**R E G I S T R A T I O N**

Tell: “I'm going to give you three words and I'd like you to repeat after me: lemon, key and ball”.

After subject repeats, say “Try to remember them because I'm going to ask you later”. Score only

the first trial (repeat 3 times if necessary).Register number of trials

[Score 0-3]

**A T T E N T I O N & C O N C E N T R A T I O N**

Ask the subject: “Could you take 7 away from a 100?” After the subject responds, ask him or her

to take away another 7 to a total of 5 subtractions. If subject make a mistake, carry on and check the subsequent answer (i.e. 93, 84, 77, 70, 63 -score 4). Stop after five subtractions (93, 86, 79, 72, 65).

Ask: “could you please spell **WORLD** for me?” Then ask him/her to spell it backwards**:**

[Score 0-5]

(for the best performed task)

**M E M O R Y - Recall**

Ask: “Which 3 words did I ask you to repeat and remember?”

[Score 0-3]

**M E M O R Y - Anterograde Memory**

Tell: “I'm going to give you a name and address and I'd like you to repeat after me. We'll be

doing that 3 times, so you have a chance to learn it. I'll be asking you later”

Score only the third trial

1st Trial 2nd Trial **3rd Trial**

Harry Barnes \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

73 Church Street \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Woodville \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Hawkes Bay \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

[Score 0-7]

**M E M O R Y - Retrograde Memory**

Name of current Prime Minister

Name of the British Royal family member who died in a car crash in Paris

Name of the USA president

Name of the USA president who was assassinated in the 1960's

[Score 0 -4]

**V E R B A L F L U E N C Y - Letter 'P' and animals**

**Letters**Say: “I am going to give you a letter of the alphabet and I’d like you to generate as many words

as you can beginning with that letter, but not names of people or places. Are you ready? You’ve

got a minute and the letter is P”

[Score 0 - 7]

**Animals**

Say: ‘Now can you name as many animals as possible, beginning with any letter?

[Score 0 - 7]

**L A N G U A G E - Comprehension**

Show written instruction: [Score 0-1]

**Close your eyes**

3 stage command:

**'Take the paper in your right hand. Fold the paper in half. Put the paper on the floor'**

[Score 0-3]

**L A N G U A G E - Writing**

Ask the subject to make up a sentence and write it in the space below:

Score 1 if sentence contains a subject and a verb (see guide for examples)

[Score 0-1]

**L A N G U A G E – Repetition**

Ask the subject to repeat:**' hippopotamus'; 'eccentricity; 'unintelligible' ; 'statistician'**

Score 2 if all correct; 1 if 3 correct; 0 if 2 or less.

[Score 0-2]

Ask the subject to repeat: **‘Above, beyond and below’**

[Score 0-1]

Ask the subject to repeat: **‘No ifs, ands or buts’**

[Score 0-1]

**L A N G U A G E - Naming**

Ask the subject to name the following pictures:

[Score 0-2] pencil + watch

Pencil

Watch

Kangaroo

Penguin

Anchor

Camel

Harp

Rhinoceros

Barrel

Crown

Alligator

Piano accordion

[Score 0-10]

**L A N G U A G E - Comprehension**

Using the pictures above, ask the subject to:

“Point to the one which is associated with the monarchy”

“Point to the one which is a marsupial”

“Point to the one which is found in the Antarctic”

“Point to the one which has a nautical connection”

[Score 0-4]

**L A N G U A G E - Reading**

Ask the subject to read the following words: [Score 1 only if all correct]

**sew**

**pint**

**soot**

**dough**

**height**

[Score 0-1]

**V I S U O S P A T I A L A B I L I T I E S**

**Overlapping pentagons:** Ask the subject to copy this diagram:

[Score 0-1]

**Wire cube** : Ask the subject to copy this drawing (for scoring, see instructions guide)

[Score 0-2]

**Clock:** Ask the subject to draw a clock face with numbers and the hands at ten past five.

(for scoring see instruction guide: circle = 1, numbers = 2, hands = 2 if all correct)

[Score 0-5]

**P E R C E P T U A L A B I L I T I E S**

Ask the subject to count the dots without pointing them [Score 0-4]

Ask the subject to identify the letters [Score 0-4]

**R E C A L L**

Ask “Now tell me what you remember of that name and address we were repeating at the beginning’”

**Harry Barnes**

**73 Church Street**

**Woodville**

**Hawkes Bay**

[Score 0-7]

**R E C O G N I T I O N**

[Score 0-5]

This test should be done if subject failed to recall one or more items. If all items were recalled, skip the test and score 5. If only part is recalled start by ticking items recalled in the shadowed column on the right hand side. Then test not recalled items by telling “ok, I’ll give you some hints: was the name X, Y or Z?” and so on. Each recognised item scores one point which is added to the point gained by recalling.

Jerry Barnes **Harry Barnes** Harry Bradford recalled

37 **73**  76 recalled

Church Road Cathedral Street **Church Street** recalled

Norsewood **Woodville**  Dargaville recalled

**Hawkes Bay** Hicks Bay Bay of Plenty recalled

**General Scores**

MMSE /30

ACE-R /100

**Subscores**

**Attention and Orientation /18**

**Memory /26**

**Fluency /14**

**Language /26**

**Visuospatial /16**

Cut-off <88 gives 94% sensitivity and 89% specificity for dementia

Cut-off <82 gives 84% sensitivity and 100% specificity for dementia

Normative values based on 63 controls aged 52-75 and 142 dementia patients aged 46-86

**III.** **ORAL READING (Total Score Possible: 28)**

*(Circle words that are spoken intelligibly; 1 point for each word read correctly)*

 *(If patient says he cannot see the words, start with Large print stimuli)*

 *(If patient says he cannot read, ask him to talk about the picture.)*

 *Instructions: Please read this page.*

 Oral Reading

 This is my dog. (4 possible) \_\_\_\_\_\_

 His name is Ringo. (4 possible) \_\_\_\_\_\_

 He has a flat face and curly tail. (8 possible) \_\_\_\_\_\_

 Ringo likes going to the beach. (6 possible) \_\_\_\_\_\_\_

 He also enjoys walking to the park. (7 possible) \_\_\_\_\_\_\_

(Add points above): Oral Total \_\_\_\_\_\_\_

(*If 5 or more words are in error, repeat test with large print stimuli; 1 point for each word.)*

 *Comment about other reading behaviours (e.g., needed prompts to turn pages; put booklet up to face to read; needed prompts to read out loud; claimed inability to read/see, etc.)*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. SPACED RETRIEVAL SCREEN**

Record observations – things that the person says which is useful

Start the screening by saying:

**“Today we are going to practice learning how to remember things better. We’ll start by practicing to remember my name.”**

Step one

 **“My name is Katrina”**

**“What is my name?”**

Trial 1\_\_\_ 2\_\_\_ 3\_\_\_

Observations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incorrect: wait for about one minute, chatting with the participant, then do a second trial of step one.

 If incorrect on a second trial of step one, wait for about one minute, chatting with the participant, and then do a third trial of step one.

If incorrect on third trial of step one, then PROCEED DIRECTLY TO “EXIT LINE”

If correct at step one at any trial, say:

 **“That’s right. I’m glad that you remembered.”**

THEN go to step two

Step two

SHORT DELAY (10 seconds) Say:

**“Good. I will give you more chances to practices I am working with you today. Let’s try again. What is my name?”**

Trial 1\_\_\_ 2\_\_\_ 3\_\_\_

Observations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incorrect: Record response and go back to step one for a second or third trial at step one

Correct Say:

**“That’s right. I am glad that you remembered.”**

THEN go to step three.

If incorrect at a third trial of step two, then PROCEED DIRECTLY TO “EXIT LINE”

Step three

LONG DELAY (15-20 seconds) Say:

**“you are doing well remembering my name for a longer period of time, and that’s the idea. I would like you to always remember my name. I will be practicing this with you during therapy by asking you often. So, what is my name?”**

Trial 1\_\_\_ 2\_\_\_ 3\_\_\_

Observations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incorrect: Say

 **“Actually, my name is Katrina. What is my name?”**

Go back to step two

Correct: Say

 **“That’s right, you are remembering for a longer period of time. You did a great job remembering my name. We are going to continue practicing this later today”.**

If you reach this point, continue with study protocol.

If incorrect at a third trial of step three, then PROCEED DIRECTLY TO “EXIT LINE”

**EXIT LINE: “Thanks for trying so hard. Let’s work on something else now**

**V. iPAD SPACED RETRIEVAL TRAINING SCREENING**

*(Presenting iPad™ to the participant)*

Turning to a new page on the digital memory book

“This is an iPad and on the screen is a computer book. To turn the page of the book, we press the arrow on the right.”

**Prompt:** “What do we do to turn the page?”

**Response:** “Swipe the screen”

Direct imitation: \_\_\_\_\_

Incorrect: Say: **“We press the arrow on the right to turn the page. What do we do?”**

Correct: Say: **“That’s right, I’m glad that you remembered”**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **30 seconds** | **1 minute** | **2 minutes** | **4 minutes** | **8 minutes** | **16 minutes** |
|  |  |  |  |  |  |

*(Score as correct at each timed interval before increasing time for next prompt. If answered incorrectly, begin at direct imitation again before moving through each timed interval. Participants will have been screened for spaced-retrieval prior to training).*

**VI. FUNCTIONAL LINGUISTIC COMMUNICATION INVENTORY**

**GREETING AND NAMING**

(This section can be scored from the participant’s response at the start of the session)

Upon entering the room, the researcher should say, “Hello, my name is (name)” Record whether the participant gave an appropriate verbal response

Researcher extends hand for a handshake. Score awarded if participant shakes hand.

Researcher asks “What is your name?” Participant states first or last name or full name.

Researcher shows the participant their name written on a card and asks “Is this your name”.Participant recognizes written form of own name

Ask “What is your husband’s/wife’s/family member’s name?” Participant state’s spouse (or family member’s) name

Ask the participant “Is your name (first and last name)?”. Participant recognized spoken form of name

[score 0 – 6]

Say “I am going to show you some pictures of objects. Please name each one” and present the stimulus pictures and record participant’s responses.

Pencil

Comb

Hanger

Mask

Dart

Harmonica

Knocker

Stethoscope

Compass

[score 0-9]

**ANSWERING QUESTIONS**

Ask the participant the following
“Where would you like to go on a trip?”

“What is your favourite food?”

“Which holiday do you like best?”

[score 0 – 3]

Ask the participant the following multiple choice questions
“Are hearts associated with: Easter, **Valentine’s day,** or Halloween?”
“Is Cricket associated with: **Innings,** trys, or goals?”

“Is going to a movie associated with: soup, turkey, or **popcorn**?”

[score 0 – 3]

Ask the participant the following two-choice questions

“Is a banana a **fruit** or a tool?”

“Is a wheel square or **round**?”

“Is a shovel used for **digging** or climbing?”

[score 0 – 3]

Ask the participant the following yes/no questions

“Is summer hotter than winter?”

“Does vinegar taste sweet?”

“Do many people wear glasses?”

[score 0 – 3]

**WRITING**

Give the participant a pen and paper and say “Please write your name here”. Participant writes own name

Then ask the participant to “Please write a sentence about yourself”.Participant writes a sentence about self

[score 0 – 2]

Participant writes the following words to dictation

Dart

Mask

Comb

Pencil

Hanger

Harmonica

Compass

Knocker

Stethoscope

[score 0 – 9]

**COMPREHENSION OF SIGNS AND OBJECT-TO-PICTURE MATCHING**

Using the pictures of signs, ask the participant

“If you were driving your car and saw this sign, what would you do??” (stop sign)

“If you needed to use the toilet and saw doors with these signs, which would you enter?” (male/female restroom signs)

“If you needed to leave a building, which sign would you look for?” (enter/exit)

[score 0 – 3]

Ask the participant to match the following objects with their picture

Comb

Pencil

Mask

[score 0 – 3]

**WORD READING AND COMPREHENSION**

Ask the participant to “Please read each word aloud and point to the picture that goes with each word”. Score 0 – 9 for reading aloud and 0 – 9 for comprehension

Mask

Dart

Comb

Pencil

Hanger

Compass

Knocker

Harmonica

Stethoscope

[score 0 – 18]

**REMENISCING**

Present the picture of the phone and probe the participant’s memory of the item by asking questions like “Did you ever have a telephone like this one?”

The participant recognizes phone

Participant remembers something related to the phone

The picture of the phone evoked a series of memories

Present the picture of the car and probe the participant’s memory of the item by asking questions like “Do you remember old cars like this one? Did you ever have a car like this?”

The participant recognizes the car

Participant remembers something related to the car

The picture of the car evoked a series of memories

[score 0 – 6]

**FOLLOWING COMMANDS**

Say “I want you to follow some directions. Listen carefully. Make a fist”

Participant follows one-step command

Then say “Clap your hands and close your eyes”

[score 0 – 2]

**PANTOMIME**

Show the participant each picture individually and say “Show me what you would do with this?” If the participant does not respond, try the prompt “Pretend it’s in your hand and show me what to do with it”

Pencil

Knocker

Comb

Dart

Stethoscope

Harmonica

Hanger

Mask

Compass

**GESTURE**

Say the following statements and record whether the participant made the correct gesture

“Show me ho w to wave goodbye”

“Show me how to salute”

“Show me how to point”

“Show me how to blow a kiss”

[score 0 – 4]

**CONVERSATION**

Give a complement to the participant such as “You have a beautiful garden/house/family/sweatshirt” and record whether participant makes an appropriate response.

Say to the participant “I heard you were one of eleven daughters/sons!” and record whether participant and correct misinformation

Score whether the participant has made a meaningful contribution to conversation throughout session.

At end of session, say to the participant “It was lovely meeting you today. Thank you for your time and energy, I look forward to seeing you again” and record whether the participant makes and appropriate verbal response to researcher’s closing comment.

[score 0 – 4]

A maximum of 87 can be scored. Total scores are reflected as:

Mild: 82-7; moderate: 71-63; moderately severe: 45-27; severe: 21-5; very severe: 0

**VII. MEMORU BOOK INFORMATION FORM** (for family members)

Please complete the following sentences which you think would be most appropriate for your family member and for which you have a picture to use in the Memory book.

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name or nickname)
2. I was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city, state, country)
3. My parents were \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (names)
4. I spent most of my career working for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. My wife’s/husband’s name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Our wedding was on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_(city, state).
7. My children’s names are

 a)\_\_\_\_\_\_\_\_\_\_ b) \_\_\_\_\_\_\_\_\_\_ c) \_\_\_\_\_\_\_\_\_\_ d) \_\_\_\_\_\_\_\_\_\_ e) \_\_\_\_\_\_\_\_

1. What are the current occupations of these children (or their spouse’s name)?

 a)\_\_\_\_\_\_\_\_\_\_ b) \_\_\_\_\_\_\_\_\_\_ c) \_\_\_\_\_\_\_\_\_\_ d) \_\_\_\_\_\_\_\_\_\_ e) \_\_\_\_\_\_\_\_

1. My grandchildren’s names are

 a)\_\_\_\_\_\_\_\_\_\_ b) \_\_\_\_\_\_\_\_\_\_ c) \_\_\_\_\_\_\_\_\_\_ d) \_\_\_\_\_\_\_\_\_\_ e) \_\_\_\_\_\_\_\_

1. My \_\_\_\_\_\_\_\_ (type of pet)’s name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I went to college/high school at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_(city, state).
3. I earned a living \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my occupation).
4. Now that I am retired I enjoy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. I used to play \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sport/instrument)
6. My favourite pastime is/was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hobby)
7. When I was younger I used to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (anything)
8. I attend (went to) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(church/temple).
9. One of my most memorable vacations was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(where), on \_\_\_\_\_\_\_\_\_\_\_\_(when), with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(with whom).

Anything else that is particularly important or memorable:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix D – Questionnaire at completion of study for the family member participant**

**Questionnaire**

|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild to moderate dementia? |
| **Researcher** | Katrina A. Aitken |

Thank you for your time and contribution during your participation in this research project. This is a brief questionnaire which will take between 5 and 10 minutes to complete reflecting on your experiences and opinions from this study.

Please rate the following statements by placing an ‘X’ in the box:

1. The digital memory book was easy to use

Strongly disagree

Neither agree nor disagree

Strongly agree

Disagree

Agree

|  |
| --- |
| Comments:  |
|  |
|  |
|  |

1. I enjoyed using the digital memory book

Strongly disagree

Neither agree nor disagree

Strongly agree

Disagree

Agree

|  |
| --- |
| Comments:  |
|  |
|  |
|  |

|  |
| --- |
| Comments:  |
|  |
|  |
|  |

1. Using the digital memory book made having a conversation easier

Strongly disagree

Neither agree nor disagree

Strongly agree

Disagree

Agree

1. After conversations with the memory book, my family member (the participant) made positive statements.

|  |
| --- |
| Comments (what type of things did they say?): Strongly disagreeNeither agree nor disagreeStrongly agreeDisagreeAgree |
|  |
|  |
|  |

1. The digital memory book was relevant

Strongly disagree

Neither agree nor disagree

Strongly agree

Disagree

Agree

|  |
| --- |
| Comments:  |
|  |
|  |
|  |

1. If access was not an issue, I would continue using the digital memory book outside of this study

Strongly disagree

Neither agree nor disagree

Strongly agree

Disagree

Agree

|  |
| --- |
| Comments:  |
|  |
|  |
|  |

1. The digital memory book is something that I would purchase

Strongly disagree

Neither agree nor disagree

Strongly agree

Disagree

Agree

|  |
| --- |
| Comments:  |
|  |
|  |
|  |

**Appendix E – Recruitment Notice**

Wanted: Participants for a study on the effects of a digital memory book on the quality and quantity of communication

Do you or someone you know have dementia?

Is having a conversation more difficult than what it used to be?

 Do you enjoy talking about your family, friends and life experiences?

This study is designed to examine the use of a memory book to facilitate communication using your own pictures of family and friends. It involves daily visits from a Speech and Language Therapist (SLT) over three weeks (17 sessions) and a one-time follow-up visit at four weeks. During this time, short five-minute conversations will be recorded with and without the use of the memory book. As a thank you for your time and participation, you will be offered either a digital copy or hard copy of your memory book to keep.

If you are interested in participating in this study or would like more information, please contact Katrina Aitken, Speech-Language Therapist, on 03 337 7997, extension 66205. Alternatively, email Katrina.aitken@pg.canterbury.ac.nz

This study has been approved by the University of Canterbury Ethics Committee.

**Appendix F – Information Letter and Consent Form for participants with dementia**

****

|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild-moderate dementia? |
| **Researcher****Supervisor****Associate Supervisors** | Katrina A. Aitken, Department of Communication DisordersKatrina.aitken@pg.canterbury.ac.nzDr. Tami Howe, Department of Communication Disorders tami.howe@canterbury.ac.nz Chris Wyles, Department of Communication Disorders, Christine.wyles@canterbury.ac.nz Professor Michelle Bourgeois, Department of Communication Sciences and Disorders, University of South Florida, U.S.A |

* This form will tell you about the study to help you decide whether or not you want to participate.
* You should ask any questions you have before making up your mind. You can think about it and discuss it with your whānau/family or friends before you decide.
* It is okay to say “No” if you do not want to be in the study. If you say “Yes” you can change your mind and quit being in the study at any time without any penalties.

**1. What is this study about?**

This study is trying to find out if it is easier to talk about your life and your
whānau /family when you look at pictures or read sentences about them using an *Apple iPad™* (small computer).

**2. What will I need to do if I am in this study?**

You will be shown memory aids with pictures and sentences and asked to talk about your life and whānau/family. You will also be asked some questions about your memory. These sessions will be video-taped so the researchers can listen to them later.

**3. How long will I be in the study?**

You will be in the study for about 16 to 19 sessions; 1 session for the screening and the rest of the sessions to talk about your life and whānau/family. The first two sessions will last no longer than one hour each. After this, each session will last 5 minutes, and take place over a period of about 3 to 5 weeks. The last session will be a short follow-up session and will be conducted about two weeks later.

**4. Can I stop being in the study?**

You may stop being in the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with Alzheimer’s Canterbury, the Canterbury District Health Board, or The University of Canterbury.

**5. Are there any risks in participating in the study?**

There is no danger in doing this research.

**6. What are the benefits of participating in this study?**

You will be helping the researcher to know if looking at pictures and sentences on a small computer are good for other people who have similar difficulties in remembering things.

**7. Will other people see my personal information?**

Any information or pictures you provide will remain confidential.

**8. Who can I talk to about the study?**

For questions about the study you may contact Katrina Aitken, Speech and Language Therapist on 337 7997, extension 66205; or email Katrina at katrina.aitken@pg.canterbury.ac.nz

This study has been reviewed and approved by the University of Canterbury Human Ethics Committee.

This study is being carried out as a requirement for a Master’s of Science degree under the supervision of Dr Tami Howe, Chris Wyles, and Professor Michelle Bourgeois. They will be pleased to discuss any concerns you have about participation in the project.

****

**Consent to Participate in Research**

|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild-moderate dementia? |
| **Researcher****Supervisor****Associate Supervisors** | Katrina A. Aitken, Department of Communication DisordersKatrina.aitken@pg.canterbury.ac.nzDr. Tami Howe, Department of Communication Disorders tami.howe@canterbury.ac.nz Chris Wyles, Department of Communication Disorders, Christine.wyles@canterbury.ac.nz Professor Michelle Bourgeois, Department of Communication Sciences and Disorders, University of South Florida, U.S.A |

**This is a consent form for research participation.** Please read and consider the information carefully.

**Your participation is voluntary.** Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

* I have read and I understand the information sheet dated 08/06/2013 version 1 for participants taking part in the study designed to investigate the effect of an electronic memory book on conversation.
* I have had the opportunity to discuss this study.
* I am satisfied with the answers I have been given.
* I have had the opportunity to use whānau support or a friend to help me ask questions and understand the study.
* I understand that taking part in this study is voluntary (my choice), and that I may withdraw from the study at any time, and that this in no way will affect my relationship with Alzheimer’s Canterbury, the Canterbury District Health Board, or The University of Canterbury.
* I understand that my participation in this study is confidential and that no material that could identify me will be used in any reports on this study.
* I understand that the session will stop if the participant is identified as being at risk.
* I have had time to consider whether to take part in this study.
* I know who to contact if I have any questions or concerns about this about this study in general.
* Do you wish to receive a written report about the results – the published results may not be available until July 2015. **Yes □ No □**
* Would you like the researcher to discuss the outcomes with you? **Yes □ No □**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full name of participant)* hereby consent/assent to take part in this study.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator/Research Staff**

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full name of researcher)* Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is judged unable to provide informed consent, proxy assent will be gained from Enduring Power of Attorney for Care and Welfare.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full name of Enduring Power of Attorney for Care and Welfare)* hereby give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full name of participant)* to take part in this study.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix F – Information Letter and Consent Form for family member participants**

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|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild-moderate dementia? |
| **Researcher****Supervisor****Associate Supervisors** | Katrina A. Aitken, Department of Communication DisordersKatrina.aitken@pg.canterbury.ac.nzDr. Tami Howe, Department of Communication Disorders tami.howe@canterbury.ac.nz Chris Wyles, Department of Communication Disorders, Christine.wyles@canterbury.ac.nz Professor Michelle Bourgeois, Department of Communication Sciences and Disorders, University of South Florida, U.S.A |

* This form will tell you about the study to help you decide whether or not you want to participate.
* You should ask any questions you have before making up your mind. You can think about it and discuss it with your whānau/family or friends before you decide.
* It is okay to say “No” if you do not want to be in the study. If you say “Yes” you can change your mind and quit being in the study at any time without any penalties.

**1. What is this study about?**

This study is trying to find out if it is easier for your family member with dementia to talk about their life and their whānau /family when they look at pictures or read sentences about them using an *Apple iPad™* (small computer).

**2. What will I need to do if I am in this study?**

You will be asked to help develop a memory book using pictures and sentences relevant to your family member to talk about their life and whānau/family. After the second-to-last session with the researcher, you will be asked to have a conversation with your family member using the memory book on the *Apple iPad™*. This session will be video-taped so the researchers can listen to them later.

**3. How long will I be in the study?**

Your family member will be in the study for about 16 to 19 sessions; over a 3 to 5 week period. Each baseline and treatment session will last 5 minutes and it is recommended that you are present throughout these sessions as an observer. You will be asked to have a conversation with your family member at the second to last session. The last session will be a short follow-up session and will be conducted about two weeks after the last treatment session.

**4. Can I stop being in the study?**

You may stop being in the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with Alzheimer’s Canterbury, the Canterbury District Health Board, or The University of Canterbury.

**5. Are there any risks in participating in the study?**

There is no danger in doing this research.

**6. What are the benefits of participating in this study?**You will be helping the researcher to know if looking at pictures and sentences on a small computer are good for other people who have difficulties in remembering things.

***7.* Will other people see my personal information?**

Any information or pictures you provide will remain confidential.

**8. Who can I talk to about the study?**

For questions about the study you may contact Katrina Aitken, Speech and Language Therapist on 337 7997, extension 66205; or email Katrina at katrina.aitken@pg.canterbury.ac.nz

This study has been reviewed and approved by the University of Canterbury Human Ethics Committee.

This study is being carried out as a requirement for a Master’s of Science degree under the supervision of Dr Tami Howe, Chris Wyles, and Professor Michelle Bourgeois. They will be pleased to discuss any concerns you have about participation in the project.

****

**Consent to Participate in Research**

|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild-moderate dementia? |
| **Researcher****Supervisor****Associate Supervisors** | Katrina A. Aitken, Department of Communication DisordersKatrina.aitken@pg.canterbury.ac.nzDr. Tami Howe, Department of Communication Disorders tami.howe@canterbury.ac.nz Chris Wyles, Department of Communication Disorders, Christine.wyles@canterbury.ac.nz Professor Michelle Bourgeois, Department of Communication Sciences and Disorders, University of South Florida, U.S.A |

**This is a consent form for research participation.** Please read and consider the information carefully.

**Your participation is voluntary.** Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

* I have read and I understand the information sheet dated 08/06/2013 version 1 for participants taking part in the study designed to investigate the effect of an electronic memory book on conversation.
* I have had the opportunity to discuss this study.
* I am satisfied with the answers I have been given.
* I have had the opportunity to use whānau support or a friend to help me ask questions and understand the study.
* I understand that taking part in this study is voluntary (my choice), and that I may withdraw from the study at any time, and that this in no way will affect my relationship with Alzheimer’s Canterbury, the Canterbury District Health Board, or The University of Canterbury.
* I understand that my participation in this study is confidential and that no material that could identify me will be used in any reports on this study.
* I understand that the session will stop if the participant is identified as being at risk.
* I have had time to consider whether to take part in this study.
* I know who to contact if I have any questions or concerns about this about this study in general.
* Do you wish to receive a written report about the results – the published results may not be available until July 2015. **Yes □ No □**
* Would you like the researcher to discuss the outcomes with you? **Yes □ No □**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full name of family member participant)* hereby consent/assent to take part in this study.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator/Research Staff**

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A copy of this form has been given to the participant or his/her representative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*full name of researcher)* Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix G – Confidentiality Agreement form for Transcribers**



**Confidentiality Agreement**

|  |  |
| --- | --- |
| **Study Title** | What are the effects of an electronic memory book on the quality and quantity of conversations in adults with mild-moderate dementia? |
| **Researcher****Supervisor****Associate Supervisors** | Katrina A. Aitken, Department of Communication DisordersKatrina.aitken@pg.canterbury.ac.nzDr. Tami Howe, Department of Communication Disorders tami.howe@canterbury.ac.nz Chris Wyles, Department of Communication Disorders, Christine.wyles@canterbury.ac.nz Professor Michelle Bourgeois, Department of Communication Sciences and Disorders, University of South Florida, U.S.A |

This confidentiality agreement is between the primary investigator, Department of Communication Disorders, University of Canterbury and the person named blow and related to the research project entitled:

[NAME]

I agree to:

1. Treat all research data as confidential. This means:

1. Not showing transcripts or data sets to or sharing digitally recorded interviews with unauthorized third parties.
2. Never referring to names or any identifying information when talking about the research to others not working on the project.
3. In the case of other studies, ensuring the name of the organization or other parties who have supplied data are not disclosed unless the primary investigator has confirmed the party concerned has authorized disclosure. Note that this is extremely unlikely.
4. Transcribing so that no one can overhear the interview.

2. Take all measures the primary investigator requires to ensure the data is kept secure at all times. This means:

1. Transcribing on a secure computer.
2. Using password protected databases and not disclosing the passwords.
3. Locking cabinets where data and participant information is stored.
4. Making sure any printing relating to the research is removed immediately from the shared printer.
5. Logging off when not using the research computer.
6. Ensuring participant codes are used instead of names.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_