**Study Title:** Assessment of the importance of daily exercise – LIFE EX Study

**Name of Principal Investigator:** Jane Smith, School of Kinesiology and Health Studies, Queen’s University

**Name of Co-Principal Investigator(s):** As applicable

**Name of Supervisor***:* required for students, as applicable

**Name of Sponsor/Funder***:* as applicable

I am inviting second-year master’s students in the School of Kinesiology and Health Studies to take part in a research study. The purpose of this study is to see what strategies individuals may use to assess the importance of exercise in their daily life. If you agree to take part, you will be asked to complete an on-line survey. The survey should take you about 30 minutes to complete. There is a risk that some of the questions may upset you OR state that there are no known risks. If you feel upset after the interview, please call the Telephone Aid Line Kingston (TALK) at 613-544-1771. We will also be collecting some personal health information from your clinical record, including your age, weight and height. We need this information so we can link it to your survey response; however, no identifiable information will be generated. There are no direct benefits to you as a participant/OR specify direct benefits. Study results will help add to the body of literature about the importance of daily exercise. I plan to publish the results of this study in academic journals and present them at conferences. You will receive a $5 gift card to Tim Horton’s for participating OR you will not be paid for taking part in this study OR include information conceding compensation/reimbursement for expenses. Include information about the presence of any real, potential or perceived conflicts of interest AND/OR the possibility of commercialization of research findings.

Participation is voluntary. You don’t have to answer any questions you don’t want to. You can stop participating at any time without penalty/impact on your academic standing/impact on treatment. You may withdraw from the study up until insert date by contacting me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca). You may request to have your data withdrawn from the study up until insert date by contacting me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca) OR your data cannot be withdrawn after the submission of the anonymous survey/destruction of code file OR Include any limitations on the withdrawal of data.

Your confidentiality will be protected, to the extent permitted by applicable laws. I will do this by replacing your name with a study ID number in all study records. The study data will be stored on an encrypted hard drive on Queen’s University servers. The code file that links real names with the study ID numbers will be stored securely and separately from the data on an encrypted USB key/AND/OR include information about data sharing and the potential for the generation of identifiable information if databases will be linked. I will keep your data securely for at least five years per Queen’s University Policy, after which the de-identified data will be deposited into the Queen's University's Institutional Repository/OR communicate what will happen to the data after the mandatory archiving period. The code file identifying your pseudonym and study ID number will be destroyed five years after study closure/OR communicate what will happen to the data after the mandatory archiving period. In addition to the Principal Investigator and study team, a statistician, who has signed a Confidentiality Agreement will have access to the data AND/OR include all individuals that will have access to participants’ data (e.g., Sponsor/Funder/Regulatory authorities). The Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) may require access to your study-related records to monitor the ethical conduct of the research.

For ethics concerns please contact the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at 1-844-535-2988 (Toll free in North America) or [HSREB@queensu.ca](mailto:HSREB@queensu.ca). For research conducted outside of North America use: 1-613-533-2988. *If non-English speaking participants wish to contact the Chair for ethics concerns, translation assistance may be necessary, as the REB Chairs communicate in English only.*

If you have any questions about the research, please contact me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca) or 613-533-6000 ext. 12345. (if you are a Student Researcher, please provide Supervisor contact information)

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study. You have not waived any legal rights by consenting to participate in this study. This study has been reviewed for ethical compliance by the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.

**For on-line consent:**

By clicking below, I am verifying that: I have read the Letter of Information and I consent to participate in this research study:

**For written consent:**

This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study. Keep one copy of the Letter of Information for your records and return one copy to the Researcher, Dr. Jane Smith. You have not waived any legal rights by consenting to participate in this study. This study has been reviewed for ethical compliance by the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.

By signing below, I am verifying that: I have read the Letter of Information and all of my questions have been answered.

Yes, you have my permission to use quotes/audio record/video record *(circle action if only 1 option is permissible)*

No, you do not have my permission to use quotes/audio record/video record *(circle action if only 1 option is NOT permissible)*

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Signature of Participant/Guardian/ PRINTED NAME Date

Substitute Decision-Maker

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Signature of Person Conducting PRINTED NAME & ROLE Date

the Consent Discussion