ISU IRB # 1	13-572
Approved Date:	22 January 2014
Expiration Date:	16 December 2015

INFORMED CONSENT DOCUMENT

Title of Study: The ExerCYser Study
Investigators: Bradley Peters, Gregory Welk

This is a research study. Please take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION
Regular participation in physical activity provides many benefits but many people find it difficult to maintain involvement in physical activity. The purpose of this study is to examine the relative effectiveness of two different programming strategies for promoting physical activity. Participants will be randomly assigned to one of two groups and be guided through an 8 week program designed to promote physical activity behavior change. Both groups will receive the same basic program but they will receive activity monitors with different features and be guided through the program in different ways. You are being invited to participate in this study because you are a sedentary, but otherwise healthy, male or female (18 yrs or older) that is capable of beginning light or moderate physical activity.

DESCRIPTION OF PROCEDURES
If you agree to participate, you will be asked to come to the Physical Activity and Health Promotion Lab in the Forker Building (room 164L) on the Iowa State campus for an orientation visit (about 60 minutes). Your height and weight will be measured and you will be asked to fill out a Demographic Survey containing questions about your background, your experience with physical activity, and your familiarity with activity monitors and computers. You will also complete an established screening tool called the Physical Activity Readiness Questionnaire (PAR-Q) to determine if it is safe for you to exercise. If you are deemed eligible to participate, you will complete additional surveys assessing your physical activity over the last 7 days, and your satisfaction with past exercise experiences. You will then be randomized into one of two groups. One group will receive an activity monitor and a self-guided behavior change manual to use over the subsequent 8 weeks. Another group will receive an activity monitor and receive guidelines for accessing a project-specific website to use during the project.

Upon conclusion of the 8-week program, you will be asked to return to the Physical Activity and Health Promotion Lab for a closure visit (about 30 minutes). Your height and weight will be measured again and you will fill out the 7-day physical activity recall and satisfaction in exercise surveys. You will be asked to return your monitors, however, each participant will be given the opportunity to purchase the activity monitor and receive continued support through the ExerCYse program (if you choose). Individuals completing the program will be designated as an "ExerCYser" within the program and have access to electronic newsletters and online resources. You would also be asked if you would be willing to be contacted in the future about follow-up ExerCYser evaluation surveys.

RISKS

There are inherent risks associated with participation in physical activity but the risks are no greater than what you would face on your own if you chose to participate in physical activity. There are also additional risks associated with increasing physical activity levels. For example, you may experience muscle soreness while transitioning from a sedentary to active lifestyle. It is also possible to get injured from being more active, however, you are free to choose when to be active and how much activity to do. Therefore, the risks are no greater than what would occur if you tried to become more active on your own. The behavior guide will provide tips and strategies to help you get started in the right way and to help you safely add physical activity to your lifestyle. This will help to reduce the risk of fatigue and to reduce risk of soreness and/or injury. You should not participate in the study if you are suffering from any injury that may prevent you from becoming more active, or if you are pregnant (or expecting to become pregnant during the 8-week trial). You should also not participate if you are taking any medication/supplement wherein physical activity is not advisable or permitted. We recommend that all participants check with their physicians before enrolling in the study.

BENEFITS

Participants will receive a guided 8 week behavior change program with strategies that they can use to become more physically active. You will also receive use of the activity monitor to assist in self-monitoring but this must be returned at the end of the study.

COSTS AND COMPENSATION

You will not have any costs from participating in this study and you will not be compensated. After completion of this study you will be presented with the opportunity to purchase the ExerCYse monitor but you are, in no way, obligated to do so.

PARTICIPATION RIGHTS

You participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or discontinue the study early (prior to 8-weeks), you will only be asked to return your activity monitor to the Forker Building. You can also skip any questions on the surveys that you do not wish to answer.

As mentioned above, you can choose to discontinue your involvement in the study at any time, for any reason.

RESEARCH INJURY

Emergency treatment of any injuries that may occur as a direct result of participation in this research is available at the Iowa State University Thomas B. Thielen Student Health Center, and/or referred to Mary Greeley Center or another physician or medical facility at the participants location. Compensation for any injuries will be paid if it is determined under the Iowa Tort Claims Act, Chapter 669 Iowa Code: Claims for compensation should be submitted on

approved forms to the State Appeals Board and are available from the Iowa State University Office of Risk Management and Insurance.

CONFIDENTIALITY

You will be assigned a unique identification number, which will be used on all data files. identification codes and corresponding files will be kept in a locked office in a filing cabinet as well on a password protected computer only accessible to researchers involved with this study. Your electronic files will be stored in a university network drive accessible only to investigators on the project. The security of electronic files will be maintained through a university controlled system and each of the researchers will use his/her own password to log into the protected computer. Potential individual identifiers such as your phone numbers and your exact date of birth will be obtained. However, your phone number will be used only if you prefer phone calls over email communication and will not be shared with anyone else. Your date of birth will be used only to obtain your true age and will be removed from the data once a corresponding age is calculated. If the results are published, your identity will remain confidential.
Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy study records for quality assurance and data analysis. These records may contain private information.

QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study.

- For further information about the study contact **Bradley Peters, 308-672-1559, bpeters@iastate.edu** or **Dr. Greg Welk, 515-294-3583, gwelk@iastate.edu**
- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office of Responsible Research, Iowa State University, Ames, Iowa 50011

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given enough time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your participation in the study.

Participants Name (printed) _____

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(Participants Signature) (Date)