



Consent Form

Bicyclists' Injuries and the Cycling Environment (The BICE Study)

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What is the purpose of this study?

We are asking you to participate in this study because you were injured while bicycling. We are studying 600 injured cyclists in Vancouver and Toronto to improve our understanding of which types of cycling routes are safest, with the aim of preventing cycling injuries in the future. The study is funded by the Heart and Stroke Foundation of Canada and the Canadian Institutes of Health Research.

What are the study procedures?

To conduct this research, we will interview you about the route on which you sustained your injuries, the trip conditions, your bike and clothing, your cycling and driving experience, recent sleep, alcohol, medication or drug use, and some statistical information about you. You are free to decline to answer any question.

The interview should take less than an hour. It will be conducted at a time and place that is convenient to you. For example, you can choose to be interviewed at home, at the hospital or a nearby health unit, or at the University.

After the interview, a research assistant will visit the site where you were injured and two other randomly selected sites on your route for that trip, to record information about the route characteristics. The focus of the study analysis is to compare the characteristics of the injury site to those of the other locations, to determine which characteristics are associated with increased or decreased risk of injury.

What are the risks or discomforts?

This study involves an interview, which might be difficult if you are still suffering the effects of your injury.

Another risk is that study information about you will be released. No system for protecting your confidentiality can be completely secure, however, this risk is extremely small. To protect your confidentiality, your interview and the observations of the sites along your route will be assigned an ID number. Our records of your name, address, and telephone number will not include this ID number, and will be stored separately from your interview and site observations. This system is designed to minimize the chance that information, such as the safety of your bike or any potential impairment from sleep deprivation, drug or alcohol use, will be sought or disclosed in any legal or insurance proceedings in which you may be involved. Please feel free to ask about this, if it is a concern to you. We can help clarify any risks.

Is your participation voluntary?

Yes. You may choose not to be in this study, not to participate in part of the study, or to withdraw from the study at any time, without penalty. Participation in this study is not associated with treatment of your injuries, and declining to participate will not affect any further treatment you require.

Who will have access to the data?

All the measurements, observations and questionnaires will be coded with a number, not your name. We will keep a record of the number we assign to you, but will not release that record to anyone else. Only the study researchers and research assistants will have access to information about you. All published reports will include only aggregate data and will not include your name or other identifying information.

Who can you call?

If you have any questions or concerns about this study, please call or email one of the people listed on the front page of this consent form. If you have any questions about your rights or treatment as a research subject, please call the Research Subject Information Line in the Office of Research Services at the University of British Columbia at 604 822-8598.

Where can you get information about the study on an ongoing basis?

This study is part of a program of research, called “Cycling in Cities”. The website for the research program is www.cher.ubc.ca/cyclingincities. Information about the BICE Study can be found on the home page and on the “Injuries” page.

Consent to participate:

This study has been explained to me. By signing this consent form, I agree to take part in this research. I have had a chance to ask questions. I know I can ask the researchers later on if I have questions about the research or about my rights as described above. I understand that this study will not provide any benefits to me. I have received a signed copy of this consent form for my records.

I would like to be informed of the results of this study. *(Please let us know if you move.)*

Participant Name

Participant Signature

Date

Copies to: 1. Participant
2. BICE Study file

Consent Form Version 3: 5/25/08

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