**BROWN UNIVERSITY**

**CONSENT ADDENDUM FOR RESEARCH PARTICIPATION**

Impact of Increased Caffeine Consumption on Muscle Strength

Addendum

Version 2, June 11, 2020

You are already enrolled in this research study. You reviewed and signed the original study consent document (Consent Version 1, October 08, 2020). You are now being invited to take part in new study procedures that require your additional consent.

* RESEARCHER: You can reach the PI, Geoffrey Quill, at (555) 863-5555 or contact the study coordinator, Amy Mitchell at (555) 863-5554.
* NEW PROCEDURES: You will be asked to complete an additional physical activity and food tracking questionnaire and log your total step count for week 12.
* TIME INVOLVED: The questionnaire and activity tracking will take 45 minutes of your time.
* COMPENSATION: You will receive $20 for this questionnaire. With the addition of this new compensation, the total compensation you will receive for the entire study is $75.
* RISKS: You may feel discomfort with some of the questions included in the questionnaire. You can skip any questions you do not feel comfortable answering or stop your participation at any time.
* BENEFITS: You may not directly benefit from completing this questionnaire and activity tracking.
* CONFIDENTIALITY: We will continue to follow the same confidentiality measures described in the consent document you signed for the original study.
* VOLUNTARY: Taking part in these procedures is optional. You do not have to complete the activities if you do not want. Even if you decide to complete the questionnaire and activity tracking, you can change your mind and stop at any time. Deciding not to take part will not affect your participation in the original study.
* CONTACT INFORMATION: If you have any questions about your participation in this study, you can call Amy Mitchell at (555) 863-5554 or email [runsalot@brown.edu](mailto:XXXX@brown.edu).
* YOUR RIGHTS: If you have questions about your rights as a research participant, you can contact Brown University’s Human Research Protection Program at 401-863-3050 or email them at [IRB@brown.edu](mailto:IRB@brown.edu).
* CONSENT TO PARTICIPATE:

Your signature below shows that you have read and understood the information in this document, and that you agree to volunteer as a research participant for these procedures.

You will be offered a copy of this form.

Participant's Signature and Date / PRINTED NAME