

### **Consent Form**

# Title: HAT TRICK: Examining the feasibility of a gender-sensitive intervention focused on physical activity, healthy eating and connectedness in male hockey fans

#### **Lead Investigators:**

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#### **Co-Investigators:**

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#### **Funding**

This study is funded by the Canadian Cancer Society Research Institute.

#### Purpose of the study

The purpose of this research is to evaluate the feasibility of the HAT TRICK Program, a program targeting physical activity, healthy eating and connectedness in men living in Kelowna, BC. The intervention will be delivered in connection with the Kelowna Rockets Hockey team.

#### **Eligibility**

You are being invited to voluntarily take part in this study because you are a man over the age of 35 years, residing in the Okanagan Region, who accumulates less than 150 minutes of moderate to vigorous physical activity a week, who has a Body Mass Index (BMI) greater than 25kg/m<sup>2</sup>, and a pant size greater than 38".

#### **Study Procedures**

As a participant of this research project you will be invited to participate in twelve 90-minute weekly sessions, provide feedback on aspects of the program, and complete three assessment periods (baseline, 12-week, and 9-month follow-up). Weekly sessions will include a physical activity component, nutrition component, and behavior change component. Participants will be encouraged to make gradual changes to their lifestyle with the goal of improving overall health and well-being. Throughout the program, presentations will be given from local health professionals (e.g., nutritionist, fitness trainer), Kelowna Rockets staff and players, as well as other community personalities.

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Assessment sessions will be held at a convenient location. These assessment periods will last up to 1.5 hours. At these assessment periods, you will be asked to complete a brief questionnaires about your; physical activity and dietary behaviours, social relatedness, general health and well-being questions as well as general demographic information (e.g., age, education, marital status). During these times you will also be given an accelerometer and instructions on how to use the accelerometer. Accelerometers are a device for measuring your daily physical activity. It is a small, non-invasive device which is worn around your chest. You will be asked to wear this accelerometer for 7 consecutive days during all waking hours. You will also be asked to return the accelerometers to the research team after these 7 days. Return instructions will be provided to you when you receive your accelerometer.

Following the completion of the program you may also be asked commit an additional 1 hour of your time to participate in a semi-structured telephone interview with a member of the research team. If you are selected, a member of the research team will contact you to arrange a time that is convenient for you to conduct the interview. All telephone interviews will be audio recorded with your consent. During this interview we hope to hear about your thoughts, opinions and perceptions about the HAT TRICK Program and provide general comments about how you think the HAT TRICK Program could be improved.

#### **Potential Risks and Benefits**

The HAT TRICK program and data collection procedures involve no foreseeable risks or harm to you. However, you will be asked to work towards meeting the minimum recommended Canadian Physical Activity Guidelines (150minutes per week in bouts of 10 minutes or more) and depending on your initial activity levels, you will be encouraged to safely increase your physical activity levels throughout the project. Becoming physically active and progressively increasing your physical activity may potentially include some risk of injury, such as common muscle soreness or strains associated with being physically active. To limit any concerns you may have regarding these minor injuries, information about reducing this risk of injury, such as education about stretching and starting off slowly and building up your physical activity levels will be provided during the weekly sessions. Although no benefits can be guaranteed, potential benefits that may occur include; improvements in overall physical and mental health as a result of increasing your physical activity levels, improved understandings about the benefits of physical activity and other healthy lifestyle behaviours (i.e., healthy eating, stress management), increased social interaction and support.

#### **Confidentiality**

Your confidentially will be respected at all times. Only research team members and research staff will have access to data collected in this study. All documents will only be identified by a code number and kept in a locked filing cabinet and/or secure password protected system. Participants will not be identified by name in any reports or materials associated with this research. Paper copies and electronic audio files will be kept for 7 years in the Physical Health and Activity Behaviour Laboratory at UBC Okanagan. All participants taking part in the sessions will sign the confidentiality agreement at the bottom of this consent form; however, we cannot control what the other participants do with the information discussed. Findings from the study may be shared through conference presentations, articles for publication, and other media outlets. An electronic or print copy of the research report will be available to you on request.



#### Contact for information about the study

If you have any questions or would like additional information, please contact Dr. Cristina Caperchione at 250-807-9679.

#### Contact for concerns about the rights of research participants

If you have any concerns about your treatment or rights as a research participant and/or your experiences while participating in this study you may contact the Research Participant Complaint Line in the UBC Office of Research Services at 1-877-822-8598 or the UBC Okanagan Research Services Office at 250-807-8832. It is also possible to contact the Research Participant Complaint Line by email (RSIL@ors.ubc.ca).

#### Consent

Your participation is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or consequence. If you choose to participate and then decide to withdraw at a later time, you have the right to request the withdrawal of your information collected during the study. This request will be respected to the extent possible.

By signing this consent form, you are agreeing to participate in all study protocols. By signing this consent form you are acknowledging that you have received a signed copy of the consent form for your records. By signing this consent form, you do not waive any of your legal rights.

<u>Consent</u>				
I have read and understood the information on this consent form and voluntarily consent to participate in this study. I have had a chance to ask questions about the study and my involvement in it and have received a copy of the consent form.				
Participant's Name (please print)	Participant's Signature	Date		
<b>Confidentiality Agreement</b>				
I agree to respect the confidentiality of all program participants. This means I will not discuss participants' personal information with anyone outside of this program.				
Participant's Name (please print)	Participant's Signature	Date		

Contact for a Follow-up Interview				
Upon completion of the program, would you be interested in taking part in a 1-hour semi-structured telephone interview with a member of the research team regarding your thoughts, opinions, and perceptions of the HAT TRICK Program?				
☐ Yes, I would be interested in taking part in a telephone interview.				
□No, I would not be interested in taking part in a telephone interview.				
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Participant's Name (please print)	Participant's Signature	Date		
Telephone Number	Email Address			
Telephone Ivamoer	Email Madress			
<b>Contact for Future Studies</b>				
Contact for Future Studies				
Would you like to be contacted in the future about other studies?				
$\square$ Yes, I would like to receive information about future studies on men's health and physical activity.				
□No, I would not like to receive information about future studies.				
Participant's Name (please print)	Participant's Signature	Date		