

Consent form

This form will be held for six years

知情同意书

此知情同意书将会被保存6年

Research title: Investigation of the benefit from New Zealand prescribed hearing aids for bilingual speakers in Mandarin and English speech in noise tests

研究标题：探讨在新西兰验配的助听器对于中英双语人士在噪声背景下对言语听力的作用

Student investigator: Daisy Yu Supervisor: David Welch Co-supervisor: Jiana Wu

研究人员：Daisy Yu 导师：David Welch 副导师：Jiana Wu

I have read the 'Participant Information Sheet' and have understood the nature of the research and why I have been selected. I have had the opportunity to ask the investigators questions and have had them answered to my satisfaction.

我已阅读'参与者须知'并了解了本研究的性质以及为何我适合参加。我有向研究员询问问题的机会并且他们的回答让我很满意。

- I agree to take part in this research.

我同意参与此项研究

- I am over 18 years old, have hearing loss, and wear New Zealand prescribed hearing aids.

我超过18岁，有听力损失并且佩戴在新西兰验配的助听器

- I understand that during the experiment, I may need to cooperate with the researchers to turn my hearing aids on and off.

我了解在实验过程中，可能会需要配合研究人员开关或者摘戴我的助听器。

- I can speak both Mandarin and English.

我会讲中文普通话和英语

- I understand that I will have a hearing appointment at the University of Auckland, Grafton campus Audiology clinic and that the hearing tests will take no more than 120 minutes.

我了解我将会在奥克兰大学，Grafton校区，听力实验室进行120分钟的听力测试。

- I understand there will be four sessions during the hearing test. The Mandarin speech in noise test with hearing aids off, English speech in noise test with hearing aids off, Mandarin speech in noise test with hearing aids on, and English speech in noise test with hearing aids on.

我了解此听力实验包含四部分，普通话噪声中言语听力测试（无助听器辅助），英语噪声中言语听力测试（无助听器辅助），普通话噪声中言语听力测试（有助听器辅助），英语噪声中言语听力测试（有助听器辅助）。

- I have been given sufficient time to consider whether or not to participate in this study.

我被给予足够时间考虑是否参与此次实验研究。

- I am satisfied with the answers that I have been given regarding the study, and I have a copy of the ‘Participant Information Sheet’ and ‘Consent Form’.

我对我已获得的与本研究相关的答案信息感到满意，我已获得一份“参与者须知”以及“知情同意书”的副本。

- I understand that participating in this study is voluntary (based on my choice) and I can withdraw from the study at any time.

我明白参与此次实验研究属自愿行为，并可以在任何时候终止参与实验研究。

- I understand that if I withdraw from the study before or during the hearing test the researcher will stop collecting information from me. Which means my hearing test will be terminated immediately.

我了解如果我在听力测试之前或之中决定撤出本实验研究，研究人员将停止收集我的信息，我的听力测试将被终止。

- I understand that after the data collection (hearing tests) is completed, my data will be combined with the data from other participants. The researchers will no longer be able to identify which data is mine, so, therefore, I will no longer be able to withdraw my data or withdraw from the study.

我了解在数据收集(听力测试)完成之后，我的实验信息将会与其他参与者的数据一起被匿名保存。研究人员将无法分辨哪些数据是我的，所以我将无法提取自己的数据或取消我的实验结果。

- I understand that my participation in this study is confidential and that materials that can identify me will not be used in any reports of this study.

我了解此次实验研究采用参与者匿名信息，并且实验报告中不包含我的任何身份信息。

- I understand that the ‘Consent form’ will be locked away at the University of Auckland Department of Audiology. After six years, it will be destroyed. The data we collected for this research are named with non-identifiable numbers, participants’ identifiable information such as name or date of birth will not be included. That collective data will be kept in an electronic file and stored indefinitely (for potential future analysis) in a password protected database.

我了解‘知情同意书’会被锁存在奥克兰大学听力部门6年，之后会被销毁。我们收集到的数据将会以匿名的数字命名，参与者的身份信息例如姓名和出生日期将不会被包含在收集到的数据内。收集到的数据将会被无限期(以备将来所需)保存在加密保护的电脑文件内。

- I know who to contact if I have questions about the study.

如果我有与本次实验研究相关的任何问题，我知道该与谁取得联系。



MEDICAL AND HEALTH SCIENCES

- I know that after my participation, I will receive a \$30 Countdown supermarket voucher as a 'Thank you' voucher.
我知道在我参与实验完成后，将获得一张价值\$30的Countdown超市代金券，作为对我的感谢。
- I would like to receive a summary of the study findings via email once the research is completed. Please circle "yes" if you would like to.
我愿意在本研究结束以后通过邮件获得一份本实验最终研究结果的简单介绍，如果需要的话,请您圈上“Yes（是）”。
Yes(是) No(否)

If yes, please write your email address here/如果您选择‘是’，请将您的电子邮箱留下：

Declaration by participant/参与者声明:

I hereby consent to take part in this study.

我同意参与此次实验研究。

Participant's name/参与者姓名:

Signature/签名:

Date/日期:



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Approved by the Auckland Health Research Ethics Committee on [14/Dec/22] for three years. Reference number [AH25367]”.

由奥克兰健康研究伦理委员会于【2022年12月14日】批准，获批期限为三年。参考号为【AH25367】。