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APPENDIX A

Subject # _____
 Code Name = _____
 Phone # = _____

Please provide the following information as accurately as possible. All information is confidential. Your responses can only be identified by your code name.

AGE _____ GENDER _____ SAT or ACT SCORE _____

WEIGHT _____ pounds

When you consume caffeine containing beverages, what do you prefer (coffee, tea, soda, etc.) _____?

How many cups of a caffeine containing beverage do you drink in a typical day? _____

Do you prefer your beverage (caffeine) extra strong, strong, mild, or weak?

Would you describe yourself as a habitual caffeine consumer? Yes / No

Please circle any of the following items if you have consumed or taken them in the past week.

Code frequency of use according to the following:

<u>SUBSTANCE</u>	<u>FREQUENCY</u>				
	0	1	2	3	4
Caffeinated coffee	None	once a week	2-3 times a week	almost everyday	several times per day
Tea	None	once a week	2-3 times a week	almost everyday	several times per day
Caffeinated Soft drinks	None	once a week	2-3 times a week	almost everyday	several times per day
Chocolate	None	once a week	2-3 times a week	almost everyday	several times per day

Over the counter pain medications (which medication(s)?)	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
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No-Doz, Vivarin Other stimulants	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
Tobacco/nicotine	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
Alcohol (Estimate number Of drinks on each Occasion _____)	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
Exercise supplements (Ripped Fuel, Ephedrine, etc)	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
Psychoactive meds	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
Herbal Supplements (energy supplements, L-carnitine, Guarana, Ma Huang, etc.)	0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day

Are you presently taking any other substances that may have stimulant or depressive effects such as Ritalin, Prozac, marijuana, cocaine, heroin etc? Yes / No
(If yes please indicate use on scale below)

0 None	1 once a week	2 2-3 times a week	3 almost everyday	4 several times per day
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When(what time of day) do you typically consume caffeinated beverages? _____

Are you on birth control? Yes / No
What type _____

Do you ever feel that you need a caffeinated beverage in the morning? Yes / No

Do you feel caffeine improves your academic performance? Yes / No

Do you feel more alert after consuming caffeine? Yes / No

Substance _____ Have you ever used any of the following substances? If so please indicate how much on the 5 point scale

***When using scale please indicate at time of peak use.**

Substance of Recreational Use

Alcohol _____ Never
_____ Did but not any more (estimate use on scale)
_____ Yes I currently do use this drug (estimate use on scale)

1	2	3	4	5
a few times a year	once per month	once every two weeks	once a week	almost everyday

Caffeine _____ Never
_____ Did but not any more (estimate use on scale)
_____ Yes I currently do use this drug (estimate use on scale)

1	2	3	4	5
a few times a year	once per month	once every two weeks	once a week	almost everyday

Nicotine _____ Never
_____ Did but not any more (estimate use on scale)
_____ Yes I currently do use this drug (estimate use on scale)

1	2	3	4	5
a few times a year	once per month	once every two weeks	once a week	almost everyday

Cocaine _____ Never
_____ Did but not any more (estimate use on scale)

_____ Yes I currently do use this drug (estimate use on scale)

1	2	3	4	5
a few times a year	once per month	once every two weeks	once a week	almost everyday

Amphetamines
(not Rx)
(Adderall
Benzedrine
etc.)

_____ Never

_____ Did but not any more (estimate use on scale)

_____ Yes I currently do use this drug (estimate use on scale)

1	2	3	4	5
a few times a year	once per month	once every two weeks	once a week	almost everyday

APPENDIX B

PERSONALITY, BEHAVIOR, HEALTH AND DRINKING/DRUG
SURVEY AND EXPERIMENT

INFORMED CONSENT

We are interested in studying the effects of personality factors on a person's behavior, their health, and drinking and drug use patterns. In this experiment, you will be asked a series of questions about various aspects of these in yourself. You will also be asked to consume a capsule that contains an average dose of caffeine. Then, you will be asked to participate in a number of cognitive tests. The experiment should take you about two hours.

In order to keep your answers completely confidential, we ask you to use the same own code name and put it on the top of the questionnaire. This code name will be used for later analysis of results. This code name is important for us to correlate the results. We will not know your real name, because it will not be on the form.

Please remember when filling out this form that your answers are completely confidential so be as honest and accurate as you can. It is only through studies like this one that we can begin to learn about the factors involved in decisions to drink or to use drugs. In addition, this study is completely voluntary. If you don't want to participate, you can turn in your blank form and leave, without giving a reason and we won't ask for one. However, if you have questions, please ask the experimenter. You will be given a copy of this consent form to take with you. I certify that I have abstained from alcohol for 24 hours, nicotine for 1 hour and caffeine for 3 hours, and have not eaten in over 3 hours.

CONSENT

In signing this form, I acknowledge that I have read the statement above and agree with the terms. The Experimenter to my satisfaction has answered all my questions. I know my participation is voluntary, and that my responses and experiment results will be held in complete confidence. I agree to participate and I know I will be given class credit when I finish the experiment. In an addition, I certify that I am over the age of 18 years.

NAME(please print)

Signature

Today's Date

Experimenter Signature

If you have any later questions about this experiment, or if you want information about the study results, you may contact the Principal Investigator, Dr. Hakan, (HAKANR@UNCW). If you want more information about your rights as a research

participant, please contact Dr. Candace Gauthier, Institutional Review Board of UNWC (GAUTHIERC@UNCW) or 910-962-3558

APPENDIX C

Caffeine Study Phone Spiel

Hello, my name is _____. I'm calling for (code name). They filled out a survey in regards to a caffeine study. May I speak to them?

Backup: If not there:

Do you know when it would be a good time to call them back? Ok, thank you and good bye.

If There:

Hello (code name), the survey you filled out led to your selection in a caffeine study, in which participants may asked to consume caffeine and perform various tasks. If you wish to participate, it will take approximately an hour and a half. For your participation you will receive 1.5 credits for your introductory to psychology class. There are a number of times available for your convenience.

TIME LIST:

Would any of these times be good for you?

If No:

Well that's all right, thank you code name for your participation in our survey. Thank you and good-bye

If Yes:

At the time that you have chosen, please meet at the sign up board on the first floor of the Social Behavioral Building. Are you familiar with its location? The experiment will take an hour and a half. There are a few conditions that we ask for you to abide by before participating:

- A. We ask that you do not consume any caffeine beverage or product 3 hours prior to your designated time. Examples include: coffee, iced tea, colas, chocolate, caffeine pills(No-Doz), ripped fuel, xenadrine and candy.
- B. Also please do not use any type of tobacco product a half hour before coming to participate.
- C. Finally, we ask you not to be under the influence if any drugs or alcohol.

Do you have any questions? We appreciate your willingness to participate in this study and we look forward to seeing you on designated time. We remind you if you cannot attend the study, you must cancel 24 hours in advance or you will be penalized. Thank you code name and good-bye.

APPENDIX D

Debriefing

Thank you for your participation today in our study. Recently there has been evidence that shows that caffeine has different effects on cognitive performance and we are looking to see if caffeine has an effect on verbal short-term memory and visuo-spatial ability. You may or may not have received caffeine so if you do not feel like you have received any that is probably the case and if you are feeling some pep then you have probably received caffeine. (Do you think you received caffeine?). Thanks again for your participations, any questions? Have good day