

APPALACHIAN STATE UNIVERSITY

Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: **Relationship Calamities**

Investigators: **John Smith, Danielle Jones**

I. Purpose of this Research/Project

The purpose of this study is to see how you would respond to different relationship calamities.

II. Procedures

You will be asked to imagine situations and to rate your feelings about the situation. We will ask you some additional questions to learn how you think about such situations. Finally, we will make a xerox copy of your right hand. The purpose is to see whether there is a relationship between hand characteristics and your answers to our questions.

III. Risks

Very minimal risk is involved in responding to our questions. You may be asked to imagine unpleasant situations. You are free to withdraw from the study at any time.

IV. Benefits

We hope that you will understand better how psychology research is conducted.

This research contributes to a general picture of how people deal with certain types of situations.

V. Extent of Anonymity and Confidentiality

Your identity will be anonymous when we analyze results because you will be given an identity number. No other people will be able to link your name to your answers.

VI. Compensation

You will receive a credit slip indicating your participation and the amount of time the session lasted. You should give this slip to your instructor. Your instructor will give you participation credit according to guidelines set by the Psychology department.

VII. Freedom to Withdraw

Subjects are free to withdraw from a study at any time without penalty.

VIII. Approval of Research

This research project has been approved, as required, by the Institutional Review Board of Appalachian State University.

9/11/04
IRB Approval Date

9/10/05
Approval Expiration Date

IX. Subject's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities:

I must be over 18 years old. I must complete the questionnaire and provide a photocopy image of my hand.

X. Subject's Permission

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

Subject signature Date _____

Witness (Optional except for certain classes of subjects) Date _____

Should I have any questions about this research or its conduct, I may contact:

Kenneth Steele

steelekm@appstate.edu

Faculty Advisor(if applicable)

Telephone/e-mail

Or

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