**Consent to Participate in Research**

**Study Title:** Color Memory, Word Skill, Math Skill

# Investigator Faculty Sponsor

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| **Key Information for You to Consider** |
| * **Purpose**. The purpose of this research is [provide a brief description of why the research is being conducted, no more than 1 sentence].
* **Duration.** It is expected that your participation will last [expected duration].
* **Activities.** You will be asked to [briefly highlight the key research activities/procedures].
* **Why you might not want to participate.** Some of the foreseeable risks or discomforts of your participation include [describe the most important risks. Consider those most probable and/or highest magnitude of harm].
* **Why you might want to participate.** Some of the benefits that may be expected include [insert direct benefits, or if no direct benefit to subject state no direct benefit but the researchers hope to learn/gain xyz].
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 By checking this box I certify that I am 18 years of age or older.

# What you will do for this study

You will come to the Peabody Hall Memory Laboratory on the 3rd floor on 2 days within the same week. The first day you will take Memory Tests. The second day you will take Surveys.1. Tests (first day)

You will take three short tests:

* One is a color memory test. We will show you several cards that are different colors. After you look at the cards, we will mix the cards up and you will have to put them back in the order that they were in when we showed them to you.
* The second is a vocabulary test. We will ask you the meaning of some words.
* The last is a math test. You will work some math problems in your head.

 2. Surveys (second day)

 You will fill out two surveys:

* The ‘demographics’ survey asks about your age, education, and income.
* The ‘stress’ survey asks about current ‘pressures’ you feel and the results of those, and includes some sensitive questions, such as, “Do you use drugs or alcohol to reduce your stress?” and “Does your stress affect your sex life?”

# Possible risks from your participation

You may feel performance-related stress from taking the first day tests. Also, answering survey questions on your drug and alcohol use and on your sexual behaviors may be stressful. Please see the Confidentiality section for information on minimizing any risks due to a breach of confidentiality.

# Benefits from your participation

You should not expect benefits from participating in this study. However, you might experience satisfaction from contributing to scientific knowledge. Also, answering the survey questions might make you more aware of habits you’d like to change – sometimes this can help lead to improved habits.

# Incentives

You will get 1 hour of research credit toward your Psychology class if you complete the first day’s tests and another ½ hour if you complete the second day’s surveys, for a total of 1.5 hours credit.

Your name will also be entered into a drawing for $20 Wal-Mart gift cards. Your estimated chance of getting one of the cards is about 1 out of 1000.

# Confidentiality

Research team members will have access to your records. We will protect confidentiality by physically separating information that identifies you from your responses (which is a safer strategy than how medical records are stored).

Members of the Institutional Review Board (IRB) – the committee responsible for reviewing the ethics of, approving, and monitoring all research with humans – have authority to access all records. However, the IRB will request identifiers only when necessary.

# Right to Withdraw

You do not have to volunteer for this study, and there is no penalty if you refuse. If you start the study and decide that you do not want to finish, just tell the experimenter. Whether or not you participate or withdraw will not affect your current or future relationship with the Department of Psychology, or with the University, and it will not cause you to lose any benefits to which you are entitled.

The researchers may terminate your participation in the study without regard to your consent and for any reason, such as protecting your safety and protecting the integrity of the research data. If the researcher terminates your participation, any incentives will be prorated based on the amount of time you spent in the study.

# IRB Approval

This study has been reviewed by The University of Mississippi’s Institutional Review Board (IRB). The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Please ask the researcher if there is anything that is not clear or if you need more information.

When all your questions have been answered, then decide if you want to be in the study or not.

# Statement of Consent

I have read the above information. I have been given a copy of this form. I have had an opportunity to ask questions, and I have received answers. I consent to participate in the study.

Furthermore, I also affirm that the experimenter explained the study to me and told me about the

study’s risks as well as my right to refuse to participate and to withdraw.

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Signature of Participant/ Legally Authorized Representative Date

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Printed name of Participant/ Legally Authorized Representative