CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Georgia Southwestern State University

TITLE OF STUDY: Ratings of Fitness Instructor Desirability

INVESTIGATOR INFORMATION:

Dr. Jane Smith  Dr. John Doe  
Title and affiliation  Title and affiliation  
jane.smith@gsw.edu  john.doe@gsw.edu  
229-931-XXXX  229-931-YYYY

IMPORTANT INFORMATION ABOUT THE RESEARCH STUDY:

The purpose of the study is to learn about characteristics that people like in fitness instructors. If I choose to be part of the study, the researchers will ask me to complete a brief survey about my fitness instructor preferences and my own fitness habits. This will take about 30 minutes. To take this survey, I must come to the Department of Health and Human Performance offices at Georgia Southwestern State University. I may become a little uncomfortable answering some of these questions. I will not get any benefit from participating in this study. I am taking part in this study based on my own choice and I can refuse or stop at any time.

WHAT IS THE STUDY ABOUT AND WHY IS IT IMPORTANT?

The purpose of this research is to learn about characteristics that people like in fitness instructors. This may help us understand more about what makes people likely to exercise, which could help researchers and other professionals find ways to encourage exercise and healthy lifestyles.

WHAT WILL HAPPEN DURING THE STUDY?

The study will take place in the Department of Health and Human Performance offices at Georgia Southwestern State University. I will make an appointment to go there at a time that is convenient for me, and I will be there about 30 minutes. During the study, I will be given a paper-and-pencil survey that contains four types of questions:

- I will be asked questions about my exercise and diet habits.
- I will be shown line drawings of different body types and asked some questions about them.
- I will be asked questions about how I feel about my appearance and how comfortable I feel when exercising around other people.
- I will be asked some background questions about things like my age and race.

It is possible that a student research assistant helping with the study will give me this survey. It is also possible that I will know this student. If I do not feel comfortable with this, I can ask that someone else, such as Dr. Smith or Dr. Doe, give me the survey instead.

WHAT ARE THE RISKS?

_______ Subject Initials
I may feel a little uncomfortable answering some of the questions, but this is not expected to cause any major problems. If I feel like I need information about counseling services, I can ask for that and they will be given to me.

It is unlikely that I will be injured during the study. If this happens, Georgia Southwestern State University may be able to assist me with obtaining emergency treatment, if appropriate, but I or my insurance company will be responsible for the cost.

HOW WILL I BENEFIT FROM PARTICIPATING?

I will not directly benefit from participating in this study. This means that I will not be paid or receive a good grade or anything else for participating. If I would like information about healthy weight management and body image, I can ask for that and it will be given to me. My answers may provide useful information about what makes people effective fitness instructors and what makes people likely to exercise.

ARE THERE OTHER REASONS WHY I SHOULD NOT PARTICIPATE?

I should not participate in this study if:

- I am under 18 years old.
- I have already participated in this research.
- I have received treatment for an eating disorder in the past year.

HOW WILL MY INFORMATION BE PROTECTED?

The researchers, including any student research assistants, will keep my information confidential. The questionnaires contain no identifying information, and the researchers will store all records in file cabinets in locked offices. The researchers may publish data from the study, but they will not identify me. They will keep my identity confidential unless it is required by law that they disclose it. My information may be used in future studies, but with any identifying details removed.

RIGHT TO REFUSE OR WITHDRAW:

I can refuse to participate, and if I do, I will not lose any rights. Refusing also will not cause any penalty. Even if I decide to be part of the study now, I may change my mind and stop at any time. I do not have to answer any questions I do not want to answer. I also understand that the researcher can withdraw me at any time. This withdrawal could happen for reasons that have nothing to do with me, such as Dr. Smith or Dr. Doe ending the study.

OFFER TO ANSWER QUESTIONS:

If I have questions, I can call Dr. Jane Smith at 229-931-XXXX or Dr. John Doe at 229-931-YYYY. I can also contact Dr. Sally Jones, Chair of the Institutional Review Board, at 229-931-ZZZZ.

_________ Subject Initials

SIGNATURES:
I understand my rights as a research subject and I consent to participate. I understand what the study is about, why it is being done, and what my participation will involve. I will receive a copy of this form.

________________________________________________________________________  ________________
Signature of Research Subject                                Date

________________________________________________________________________  ________________
Signature of Investigator                                Date