

**SAMPLE INFORMED CONSENT FOR  
SOCIAL AND BEHAVIORAL SCIENCES**

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**Consent to Participate in a Research Study  
Missouri State University  
College of Behavioral Sciences**

**Predictors of Ice Cream Consumption  
in University Freshmen  
Principal Investigator: Dr. X  
Co-Investigator: Jane Co-ed**

**Introduction**

You have been asked to participate in a research study that is part of the requirement for a Master's degree in Social Science for Jane Co-ed. Before you agree to participate in this study, it is important that you read about and understand the study and the procedures it involves. The investigator will also explain the project to you in detail. If you have any questions about the study or your role in it, be sure to ask the investigator. If you have more questions at a later time, Dr. X and Jane Co-ed will be happy to answer them for you. You may contact the investigator(s) at:

Dr. X: 1-417-888-8888  
DrX@missouristate.edu  
Jane Co-ed: 1-417-111-1111  
[janecoed@missouristate.edu](mailto:janecoed@missouristate.edu)

You will need to sign this form giving us your permission to be involved in the study. Taking part in this study is entirely your choice. If you decide to take part, but later change your mind, you may stop at any time. If you decide to stop, you do not have to give a reason and there will be no negative consequences for ending your participation.

**Purpose of this Study**

The reason for this study is to examine patterns of ice cream consumption of college freshmen. You have been asked to participate because you are registered at

Missouri State University as a college freshman. This study will review the ice cream eating habits and social and economic patterns of about 50 college freshmen at Missouri State University.

### **Description of Procedures**

If you decide to take part in this study, you will be asked to fill out a 30-item, multiple-choice questionnaire which will ask some personal information (e.g., gender, age, living on-campus or off-campus, etc.), your past eating habits, your eating habits since entering college and your social behavior (e.g., do you eat ice cream when you are stressed?). This questionnaire will take about 15 minutes to complete. Any information about you will be kept confidential. To protect your privacy, you will be assigned a coded number and your name or any other identifying information will not appear on the questionnaire.

### **What are the risks?**

We estimate that the potential risks of this study are minimal. However, you may experience some psychological discomfort when answering questions about your eating habits or social behavior.

### **What are the benefits?**

It is not anticipated that you will experience any direct benefits from this study. Nevertheless, your participation in this research will help investigators identify risk factors for excess ice cream consumption. This information may be useful in developing future programs to promote student health.

### **How will my privacy be protected?**

Information about you will be coded. Your name will not appear on the questionnaire. The information gathered will be accessible only by the investigators and it will be kept in a locked facility on campus. You will not be identified by name in any publications that result from this research. All information from this study will be destroyed 3 years after the study ends.

**Consent to Participate**

If you want to participate in this study, *Predictors of Ice Cream Consumption in College Freshmen*, you are required to sign below as an indication of your willingness to participate:

I have read and understand the information in this form. I have been encouraged to ask questions and all of my questions have been answered to my satisfaction. I have also been informed that I can withdraw from the study at any time. By signing this form, I voluntarily agree to participate in this study. I have received a copy of this form for my own records.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date