

**SAMPLE INFORMED CONSENT FOR
HEALTH SCIENCES**

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

**Relationship between Health and 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 Health 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

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

College students often use and sometimes abuse ice cream. Excessive ice cream consumption can have deleterious effects on a student's health. Identifying health factors that result from misuse of ice cream may lead to programs to curb over-consumption. The reason for this study is to examine the relationship between body mass index, blood pressure, physical activity and levels of ice cream consumption in 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, health and activity levels of about 50 college freshmen.

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), your past ice cream eating habits, your ice cream eating habits since entering college and your physical activity. This questionnaire will take about 15 minutes to complete. After completing the questionnaire, one of the researchers will record your height and body weight and calculate your body mass index (BMI). Your blood pressure will also be taken. Blood pressure is measured by wrapping an inflatable cuff around your upper arm. The investigator will listen with a stethoscope for blood flow in the artery on the inside of your elbow while the cuff is slowly inflated and deflated. These procedures will take about 10 minutes.

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 or your health information.

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 ice cream eating habits or during weighing. In addition, you may experience a minor squeezing sensation on your arm when the blood pressure cuff is inflated.

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 health 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 by number. 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 2 years after the study ends.

Consent to Participate

If you want to participate in this study, *Relationship between Health Risk Factors and 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