# Consent Form to Participate in Research

**Feeding Patterns of Infants and Toddlers at WIC in San Marcos, Texas**

**Principal Investigator(s) and Contact Information:**

**Texas State University – Department of Family & Consumer Sciences**

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You are being asked to participate in a research study because you are enrolled in WIC and are the mother of at least one child between the ages of 4 and 24 months. This form provides you with information about the research. We ask that you read this form and ask any questions you may have before agreeing to be in this research study. Your participation in this study is entirely voluntary. You should read the information below and ask questions about anything you do not understand before deciding whether or not to participate.

**What is the purpose of this study and how many will be involved?**

The purpose of this research is to learn about the feeding patterns of infants and toddlers at WIC in San Marcos, Texas. There will be approximately 150 participants, all women with children who are enrolled in WIC in San Marcos, TX. You are asked to participate because you are participating in WIC and have a child between the ages of 4 months and 24 months.

**What will be done if you take part in this research study?**

1. The study will be conducted over the telephone in one 30-minute interview during which the interviewer will asks approximately 40 – 70 questions, during a time that is convenient to you. You will also receive handouts through the mail.
2. During the phone interview, you will be asked to answer questions regarding the food intake of your child for the day prior to the telephone interview. You will be asked to accurately report everything your child ate and drank for 24 hours during this interview. An information packet about serving sizes will be provided.
3. During the phone interview, you will be asked general questions related to breastfeeding or formula feeding and foods fed to your child.
4. During the phone interview, you will be asked questions related to personal and family medical history. For example, you will be asked about your child’s use of medications, and supplements, if your child has any food allergies, and about your child’s and your family’s health problems. These questions are used to assess your health status and risk for disease. You have the right decline to answer any question(s) for any reason.
5. During the phone interview, you will be expected to answer personal questions related to your household such as income and education level. You have the right decline to answer any question(s) for any reason.

**What are the possible risks?**

No known risks are involved in this study other than possible apprehension and slight anxiety in disclosing personal information. **We are researchers from Texas State University and are not affiliated with WIC. All information collected will be kept private and confidential and will NOT be shared with WIC or any other agency or individual.**

**What are the possible benefits to you or to others?**

You will receive a $10 gift certificate to the HEB grocery store after completing the telephone interview. You will also be contributing to an important research study. The knowledge gained from this study will help us understand how young children are fed. Furthermore, if you are interested, you can receive a summary of the research findings after the study is completed. If you would like to receive this summary, please check here: \_\_\_\_\_\_\_\_\_\_\_. We will contact you via telephone in order to provide you with results of this study.

**If you choose to take part in this study, will it cost you anything?**

It will cost you nothing to participate in this program**.**

**What if you don’t want to continue in the study?**

Participation in this study is voluntary and you may withdraw from the study at any time without prejudice or jeopardy to your standing with WIC or the University and any other relevant organization/entity with which you are associated.

**Will you receive compensation for your participation in this study?**

You will receive a $10 gift certificate to the HEB grocery store, to be used at an HEB location of your choice.

**In addition, if you have questions about your rights as a research participant, or if you have complaints, concerns, or questions about the research, please contact the IRB chair, Dr. Jon Lasser at (512) 245-3413-** [**lasser@txstate.edu**](mailto:lasser@txstate.edu)**, or to Ms. Becky Northcut, compliance Specialist at (512) 245-2102.**

###### How will your privacy and the confidentiality of your research records be protected?

Authorized persons from Texas State University and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. Otherwise, your research records will not be released without your consent unless required by law or a court order.

All research data and documents will be kept in a locked file cabinet in a locked room in the Family and Consumer Sciences Building. Only the identified researchers will have keys to the file cabinets. All digital data will be kept on secured computers located within the Family and Consumer Sciences Building and will require a password to access the information. Only the identified researchers will have passwords to access the digital data.

All data will be de-identified. If the results of the research are published or presented at scientific meeting, your identity will not be disclosed*.*

**Will the researchers benefit from your participation in this study*?***

The researchers will not benefit from the study beyond publishing or presenting results.

**Statement of Consent:**

I have read the above information and clearly understand my role as a participant in the study. I have asked questions and have received answers. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participate in the study.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_