Consent Form

Social Cognitive Correlates of Physical Exercise Participation

IRB REFERENCE NUMBER: 2008K610

You have been invited to participate in a research study conducted by a graduate student researcher, Cecilia Montano, under the supervision of Dr. Czyzewska from the Psychology Department at Texas State University – San Marcos. Cecilia Montano may be reached at 281-415-7719 or [cm1581@txstate.edu](mailto:cm1581@txstate.edu); Dr. Czyzewska can be reached at mc07@txstate.edu

The purpose of this research is to examine the attitudes towards physical exercise participation, and to identify the barriers and facilitators to physical exercise participation in order to improve health communication and physical activity promotion for Texas State University employees. You have been asked to participate in this study in order to obtain your opinion about physical exercise and/or the physical exercise program, Total Wellness. The “Total Wellness” program is a physical exercise program available to Texas State University faculty and staff. The program consists of group exercise classes involving Yoga, aerobics, or weight lifting techniques, for example, that are designed to improve the health of university employees.

The participation in this study involves completing a survey. The survey consists of approximately 50 questions and will take approximately 20 minutes to complete. Although the study participation does not have any direct benefits to you, the outcomes of this research will help to improve the physical exercise programs for employees at our university. Potential risks that may result from participating in this study are uncomfortable thoughts about your wellness and health status.

Your participation in this study is entirely voluntary. You may choose to withdraw your participation at any time during the study without prejudice or jeopardy to your standing with the University or its affiliates. If answering any of the survey questions makes you uncomfortable, you may omit them. In addition, in the event that you may need counseling services, please contact the Assessment and Counseling Clinic at 512-245-8349, or the University Counseling Center at 512-245-2208.

Your name will appear only on this consent form, which will be stored in a storage case separate from all other information collected during the study. Your responses to the survey will be anonymous and will be used only for statistical group comparisons. All consent forms will be kept completely separated from data response sheets. All data collected will also be kept in a locked file cabinet in the research laboratory, room 312 of the Psychology building. Researchers, Cecilia Montano, Dr. Maria Czyzewska, Dr. Randall Osborne, Dr. Brian Miller, and Carolyn Cook Clay will have access to the data collected. Once all data has been entered into the computer and analyses completed, all original data sheets will be destroyed in the Psychology building of the university using a paper shredding machine. However, due to Federal Law requirements, this consent form will be stored in the locked file cabinet for three years.

A summary of the results will be available via email upon your request after the study has been completed. Please direct your request to Cecilia Montano at [cm1581@txstate.edu](mailto:cm1581@txstate.edu).

If you have any questions regarding the research, your rights as a research participant, and/or research-related injuries, please contact the Institutional Review Board chairperson, Dr. Jon Lasser, or the Compliance Specialist, Ms. Becky Northcut. Dr. Jon Lasser can be reached at 512-245-4313 or at [lasser@txstate.edu](mailto:lasser@txstate.edu), and Ms. Becky Northcut can be reached at 512-245-2102. Dr. Maria Czyzewska, faculty advisor of this thesis project, may also be contacted at (512) 245-3160 or at mc07@txstate.edu.

**After reading this form, if you agree to participate, please sign below to indicate that you voluntarily give your consent to participate in this study. If you would like to have a copy of this Consent From for your records please let us know.**

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Participant’s Name Participant’s Signature/Date

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Researcher’s Name Researcher’s Signature/Date

Thank you in advance for your participation in this study!