Consent form

Robert F. Reardon, Assistant Professor, Education Ph.D. Program, Texas State University (rr46@txstate.edu, 512-245-3755), is conducting research to determine the reliability of a survey questionnaire to measure Grace in interpersonal relationships. We are trying to measure Giving and Winning in couples.

I am giving this questionnaire to a convenient sample of people I encounter. It should take less than five minutes to complete the questionnaire. There are 15 items and you will be asked to circle one answer per item.

Completing this survey may be beneficial to you in that it allows you to reflect on your relationship with another. It should not cause you any distress. If you feel uncomfortable completing the questionnaire, stop. Participation is voluntary. You can stop at any time and you are not required to return the consent form or questionnaire to me. You can also skip questions if you feel like it.

I am not offering any compensation for completing this questionnaire.

If you have questions about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB chair, Dr. Jon Lasser (512-245-3413 – lasser@txstate.edu), or to Ms. Becky Northcut, Compliance Specialist (512-245-2102).

Data are anonymous. Do not sign the questionnaire. When you return the questionnaire and the signed consent form, you will find two boxes in my office (ASB-S 320). Place the questionnaire in one and the consent form in the other. There is no need for me to know the identity of the respondents and no way for me to determine it.

Data will be kept indefinitely on the PC of the researcher, Robert F. Reardon. No identifying data will be included. The data may be used in an academic setting (a statistics class) as an example for calculating certain statistics. Again, the data will not include any identifying characteristics.

Thank you for your help with this research. If you are interested in the results of this work, drop me an email at rr46@txstate.edu.

Please sign both copies of this consent form and **return one** to Robert F. Reardon, ASB-S 320. The other copy is for you to keep.

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| Participant signature |  | Date |  | Researcher signature |  | Date |

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