You are invited to participate in a research study that will examine if ballroom dance instruction and training may influence the way you feel, move about, and generally function within your current residence. Rick Nauert, PT, MHF, MHA, PhD - Associate Professor in the School of Health Administration at Texas State University-San Marcos (512-245-3949 – [rn14@txstate.edu](mailto:rn14@txstate.edu)) is conducting this study.

This study is sponsored by the Texas Long-Term Care Institute (512-245-8234 or [TLC-Institute@txstate.edu](mailto:TLC-Institute@txstate.edu) ).

Jeffery Page Masiongale, a former professional dancer and certified ballroom dance instructor, will be providing the dance instruction.

You have been selected to participate based upon recommendations from the nursing facility staff or via personal request to participate in the study.

As a part of the study the facility staff may ask you questions assessing your memory. Questions may include asking the date, year, season, month, etc. Additional questions may ask you to recall certain objects, repeat a sentence and copy a design.

Dance instruction will be provided 2 mornings a week with each session lasting from 45 – 60 minutes. The instruction will be delivered for 8 weeks. The dance instruction will give you exercise improving strength, balance and endurance. The nursing staff and the researcher will assess if the dance instruction helps your mood and reduces the amount of medications you have to take.

This research has minimal potential of emotional or physical risk. Participation is voluntary and you are free to continue or stop participation in this study at any time.

Should an emergent situation occur during the time you are dancing, the facility will follow its specific guidelines for handling any emergent incident. Texas State University-San Marcos is not responsible for covering medical expenses in the event you require medical attention.

You are under no obligation to participate in this study. Your decision whether or not to participate will not influence your future relations with Texas State University. If you decide to participate, you are free to discontinue participation at any time.

You may choose to not answer any question(s) asked by the nursing staff or dance instructor.

Any questions about the research, your right’s as a participant in the study, and/or research-related injuries to participants should be directed to IRB chair, Dr. Jon Lasser (512-245-3413 – [lasser@txstate.edu](mailto:lasser@txstate.edu) ) or to Ms. Becky Northcut, Compliance Specialist (512-245-2102).

Each participant will be assigned a research study number at the beginning of the study. Information about the participant is to be collected by the nursing home nursing staff assigned to work on the project and will be kept confidential the same as are all records of nursing home residents. The researcher will not be able to match the information collected in the study to a particular participant.

The records of this study will be kept private and secured in a locked file cabinet at the Texas State University research institute, the Texas Long Term Care Institute. In any report that is written or published, it will not be possible to identify any particular individual or facility. All information will be reported as overall results. No one will be able to connect any information with you.

If requested, a summary of the findings of the study will be provided to participants upon completion of the study. Study findings will be kept at the nursing facility and will be available for review per request.

The study will last for 8 weeks. You will not be paid for your participation in this study.

The IRB consent number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

You are under no obligation to participate in this study. If you decide to participate, you are free to discontinue participation at any time.

You will be provided with a copy of this form for your records.

You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate.

Signature of Participant (Person Providing Consent) Date

Signature of Legal Representative (In lieu of Participant) Date

Signature of Investigator (Person Obtaining Consent) Date