Consent Form

I HAVE BEEN INFORMED THAT:

1. Megan Little, who is a student in the Psychology Department at Texas State University – San Marcos, has requested my participation in a research study at this institution. Ms. Little may be reached by email at ml1244@txstate.edu.

2. The purpose of the research is to examine how statements of others can affect an individual with Fibromyalgia in the way of emotional response.

3. My participation will involve completing several questionnaires.

4. There are no feasible alternative procedures available for this study.

5. I have been asked to participate in this research study because I have been medically diagnosed as having Fibromyalgia.

6. For this study I will complete the following packet which I have received either through email, mail, or in person. The procedure will involve me filling out an initial background questionnaire as well as a form containing approximately five questions about my overall experience with Fibromyalgia and how it affects my daily life. Then, for five days following that I will read a short paragraph and record the emotional response invoked by it. After the fifth day I will once again fill out a form about how I am functioning overall with my Fibromyalgia. After I have completed the packet, I will return it to the researcher through email or a provided envelope already stamped and addressed.

7. Although there are no direct benefits to me, the possible benefits of my participation in this research include an increased knowledge of the behaviors associated with interpersonal interactions and the possible application of this knowledge to real-world situations such as counseling or arbitration. In other words, this project has the potential to add to the knowledge base for how to improve real-life problems.

8. The results of the research study may be published but that my name or identity will not be revealed. In order to maintain confidentiality of my records, Megan Little will use subject code numbers in place of my name or identification number. These records will be stored for a period of two years in the care of the researcher. Only the researcher and her advising professor, Dr. Alex Nagurney will see these records.

9. I am free to terminate my participation in this study **at any point** without penalty.

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Participant's Name Researcher's Name

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Participant's Signature/Date Researcher’s Signature/Date