In addition to the original proposal, I am adding a 21-question test that will consist of a Likert scale that will rate people’s core self-evaluation, life satisfaction, and intrinsic motivation. The addition of this survey will identify reasons people participate in Bikram yoga, as well as the effects of participating in Bikram yoga. Please note the following pages, which includes the questionnaire as well as an updated consent form. Using the scale below as a guide, write any number from 1 to 7 in the spaces on the right-hand side to indicate the degree to which you agree or disagree.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Strongly  Disagree | 2 | 3 | 4 | 5 | 6 | 7  Strongly  Agree |

1. When I do my work well, it gives me a feeling of accomplishment \_\_\_\_\_\_

2. When I perform my job well, it contributes to my personal growth \_\_\_\_\_\_

and development

3. I feel a great sense of personal satisfaction when I do my job well \_\_\_\_\_\_

4. Doing my job well increases my feeling of self-esteem \_\_\_\_\_\_

5. In most ways my life is close to my ideal. \_\_\_\_\_\_

6. The conditions of my life are excellent. \_\_\_\_\_\_

7. I am satisfied with my life. \_\_\_\_\_\_

8. So far I have gotten the important things I want in life. \_\_\_\_\_\_

9. If I could live my life over, I would change almost nothing. \_\_\_\_\_\_

10. I am confident I get the success I deserve in life. \_\_\_\_\_\_

11. Sometimes I feel depressed. (r) \_\_\_\_\_\_

12. When I try, I generally succeed. \_\_\_\_\_\_

13. Sometimes when I fail I feel worthless. (r) \_\_\_\_\_\_

14. I complete tasks successfully. \_\_\_\_\_\_

15. Sometimes, I do not feel in control of my work. (r) \_\_\_\_\_\_

16. Overall, I am satisfied with myself. \_\_\_\_\_\_

17. I am filled with doubts about my competence. (r) \_\_\_\_\_\_

18. I determine what will happen in my life. \_\_\_\_\_\_

19. I do not feel in control of my success in my career. (r) \_\_\_\_\_\_

20. I am capable of coping with most of my problems. \_\_\_\_\_\_

21. There are times when things look pretty bleak and hopeless to me. (r) \_\_\_\_\_\_

|  |  |
| --- | --- |
| **Consent Form** | |
| **Project Title:** | The Cardiopulmonary Effects of Bikram Yoga |
| **IRB Number:** | 2010Q9888 |
| **Principal Investigator:** | Allison Abel, Graduate Student, 281-685-2601, [aa1229@txstate.edu](mailto:aa1229@txstate.edu) |
| **Professor of Record:** | Lisa Lloyd, PhD, Associate Professor, 512-245-8358, LisaLloyd@txstate.edu |

**INTRODUCTION**. You are being asked to participate in a research study. This study is being completed as part of my thesis requirements for graduation. This form provides you with information regarding the research being conducted. You have been asked to participate in this study because you have signed up to complete the 60-day Bikram Yoga program at Pure Bikram Yoga in Austin, Texas. Please read this form and ask any questions you may have regarding participation in this study. Participation is entirely voluntary. You will be tested at Pure Bikram Yoga in Austin, Texas. Read the information below and ask questions about anything you do not understand prior to deciding whether or not to participate.

**PURPOSE OF THIS RESEARCH STUDY**. The purpose of this research is to determine the effects of 60-days of Bikram yoga practice on heart health and lung capacity in healthy adults.

**PROCEDURES**. If you agree to participate in this study, you will be expected to visit with researchers at 2 different times between December and March.

1. During your first visit, you will meet with a researcher for about 1 hour and you will:

* Fill out a form asking you some questions about your age, how you feel about exercise, and how much you exercise (*Note*. You can choose not to answer any question on the form).
* Answer 21 survey questions regarding life satisfaction, and self-esteem. (*Note.* You can choose not to answer any question on the survey.)
* Be measured for body weight, height. You will not be required to remove any clothing except for your shoes. We ask, however, that you dress in lightweight clothing.
* Rest in a lying position for 5 minutes in a dimly lit room and then have your resting blood pressure and resting heart rate measured.
* Engage in lung function tests, which require you to inhale and exhale as hard as you can into a mouthpiece.
* Complete an exercise test on a stationary bicycle to determine your aerobic endurance capacity (maximal oxygen consumption).

1. During the second visit, which will be within 1 week of the completion of your 60-day yoga training, you will meet with a researcher for about 1 hour and these procedures will be repeated.

**POTENTIAL RISKS OR DISCOMFORTS.** Injuries to healthy subjects during exercise testing are uncommon. However, the chance for injury is acknowledged and precautions will be taken to prevent injuries. There exists the possibility of adverse changes during the exercise testing. These changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. There is the possibility of dizziness and nausea immediately following the exercise performances. Also, there is the possibility of muscle strain. Muscle soreness may be present for 24-48 hours following the exercise tests. Please note that you are responsible for paying your own medical bills if you seek/receive medical health services due to a complication associated with your participation in this research study.

**POSSIBLE BENEFITS.** Your participation in this research will help you gain knowledge of your exercise capacity in relation to the general population and a better understanding of your level of fitness for certain sports and recreational activities. This knowledge may aid you in planning a future physical conditioning program or in evaluating the effects of recent physical activity habits. You will also gain a better understanding of your pulmonary ventilation and be able to see whether improvements occurred as a result of the 60-day Bikram yoga training program. If you are interested in learning the results of the study, contact me at 281-685-2601 upon the completion of the study and I will send you a summary of the findings. The results of this study may also help promote Bikram yoga in the medical/exercise community if we find that Bikram yoga significantly improves aerobic fitness and/or pulmonary function.

**CONFIDENTIALITY**. Your personal information will be kept confidential. Your information will be kept in a locked cabinet in Allison Abel’s office at Texas State University-San Marcos and destroyed after three years. The professors and staff will use this information for research, but your name will not be given out in any reports. The information gathered will never be revealed to anyone other than the researchers and will only be reported in aggregate, that is, as part of an average score.

**TERMINATION OF RESEARCH STUDY.** You are free to decide if you would like to take part in this research. If you choose not to take part, it will not affect your right to seek other services from any agencies, institutions, or entities involved with this research project. You may quit at anytime. If you decide to stop participating in the study, please notify the researchers of your decision.In addition, the researchers may end your participation in the study without your consent if they believe that you may be in danger.

**AVAILABLE SOURCES OF INFORMATION**

**For questions about this study call:**

Principal Investigator: Allison Abel  
Phone Number: 281-685-2601

**For questions you may have about your rights as a research subject call:**

Institutional Review Board Chair: Dr. Jon Lasser Compliance Specialist: Ms. Becky Northcut

Phone Number: 512-245-3413 Phone Number: 512-245-2102

**AUTHORIZATION**. “I have read and understand this consent form, and I agree to participate in this research study. I understand that I have received a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws. I also understand that I may withdraw from this study at any time without penalty.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name (Printed):** |  | | |
| **Participant Signature:** |  |  |  |
| **Date:** |  |  |  |
| **Principal Investigator (Signature):** |  |  |  |
| **Date:** |  |  |  |