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| **Consent Form** | |
| **Project Title:** | Seasonal Variation in Body Weight |
| **IRB Number:** | 2010V8225 |
| **Principal Investigator:** | Lisa K. Lloyd, Ph.D., 512-245-8358, [LL12@txstate.edu](mailto:LL12@txstate.edu) |
| **Funding Source:** | Research Enhancement Program, Texas State University |

**INTRODUCTION**. You are asked to take part in a research study funded by Texas State University-San Marcos. This study is being carried out by faculty and staff from Texas State University-San Marcos (Lisa Lloyd, Ph.D., Brian K. Miller, Ph.D., Carolyn Clay, M.Ed., & Ysabel Ramirez, M.Ed. candidate) who are working with Head Start in San Marcos and San Marcos Family Learning Center.

We have asked you to participate because you are a Hispanic female. Your participation is voluntary. Read this form and ask questions about anything you do not understand before you decide if you want to participate.

**PURPOSE OF THIS RESEARCH STUDY**. The purpose of this research is to determine if changes in body weight and waist circumference in Hispanic women living in Central Texas vary by season and, if so, if body weight varies according to things like income, education, and marital status.

**PROCEDURES**. If you agree to participate in this study, you will be expected to visit with researchers at 5 different times during the year.

1. During your first visit, you will meet with a researcher for about 15 to 20 minutes and you will:

* Fill out a form asking you some questions about your age, marital status, income, number of children, employment status, education, how you feel about exercise, and how much you exercise (*Note*. You do not have to answer any question that makes you feel uncomfortable.).
* Be measured for body weight, height, and waist circumference. You will be in a private room with a female researcher. You will not be required to remove any clothing except for your shoes. We ask, however, that you dress in lightweight clothing.

1. During each of the next four visits, which will be spaced about three months apart, you will meet with a researcher for no longer than 10 minutes. At this time, you will:

* Be asked if your marital status, income, children, employment status, or education have changed;
* Be measured for body weight, height, and waist circumference.

**POTENTIAL RISKS OR DISCOMFORTS.** The possible risk to your participation is extremely mild psychological discomfort from being weighed. You may feel distressed over how much you weigh. If you need to talk to someone about these feelings, some agencies that may be helpful are: the Assessment and Counseling Clinic at Texas State University-San Marcos (512-245-8349), Guadalupe Valley Christian Counseling Center (830-303-3161), and the Hays Caldwell Women’s Center (512-396-4357). You are, however, responsible for paying your own bills if you seek out mental health services due to a problem related to your participation in this research study.

**POSSIBLE BENEFITS.** Your participation in the program may help you learn about your body size and composition and motivate you to make some lifestyle changes. Also, you will learn more about seasonal variations in body weight. If you are interested, contact Lisa Lloyd at 512-245-8358 upon the completion of the study and she will send you a summary of the findings.

The results of this study might benefit other Hispanic women. If we determine that body weight varies with each season, we can develop ways to help Hispanic women keep from gaining weight at different times during the year.

**AVAILABLE TREATMENT ALTERNATIVES.** There are other facilities in town where your body weight can be assessed. For instance, your health care provider and trainers at local gyms can assess your body weight and waist circumference.

**COMPENSATION / INCENTIVES.** You will receive $15 at each of the five visits for a total compensation of $75.

**CONFIDENTIALITY**. Your personal information will be kept private. Your file will be kept in a locked cabinet in Dr. Lloyd’s office and destroyed after five 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 study. If you choose not to take part, it will not affect your right to seek other services from any agencies 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 (for example, if you seem obsessed with your body weight or adversely affected by knowing what your body weight is).

**AVAILABLE SOURCES OF INFORMATION**

**For questions about this study call:**

Program Coordinator: Carolyn Clay  
Phone Number: 512-245-8358

Program Staff: Ysabel Ramirez  
Phone Number: 512-245-9692

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

Institutional Review Board Chair: Dr. Jon Lasser

Phone Number: 512-245-3413

Compliance Specialist: Ms. Becky Northcut

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 will receive 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:** |  |  |  |
| **Person Obtaining Consent (Signature):** |  |  |  |
| **Date:** |  |  |  |
| **Program Coordinator (Signature):** |  |  |  |
| **Date:** |  |  |  |

**PART 1**

This section asks you to think about your overall life and how you feel about yourself in general. Using the scale below, please indicate your level of agreement or disagreement by writing the appropriate number in the space at the right of each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Slightly  Disagree | Neither  Agree Nor  Disagree | Slightly  Agree | Agree | Strongly  Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |
| --- | --- | --- |
|  | In most ways my life is close to ideal…………………………………… | \_\_\_\_\_\_\_\_ |
|  | The conditions of my life are excellent. ………………………………… | \_\_\_\_\_\_\_\_ |
|  | I am satisfied with my life. ……………………………………………… | \_\_\_\_\_\_\_\_ |
|  | So far I have gotten the important things I want in life. ………………… | \_\_\_\_\_\_\_\_ |
|  | If I could live my life over, I would change almost nothing…………… | \_\_\_\_\_\_\_\_ |
|  | I am confident I get the success I deserve in life…………………………. | \_\_\_\_\_\_\_\_ |
|  | Sometimes I feel depressed………………………………………………. | \_\_\_\_\_\_\_\_ |
|  | When I try, I generally succeed. …………………………………………. | \_\_\_\_\_\_\_\_ |
|  | Sometimes when I fail I feel worthless…………………………………… | \_\_\_\_\_\_\_\_ |
|  | I complete tasks successfully. ……………………………………………. | \_\_\_\_\_\_\_\_ |
|  | Sometimes, I do not feel in control of my work………………………….. | \_\_\_\_\_\_\_\_ |
|  | Overall, I am satisfied with myself. ……………………………………… | \_\_\_\_\_\_\_\_ |
|  | I am filled with doubts about my competence……………………………. | \_\_\_\_\_\_\_\_ |
|  | I determine what will happen in my life. ………………………………… | \_\_\_\_\_\_\_\_ |
|  | I do not feel in control of my success in my career………………………. | \_\_\_\_\_\_\_\_ |
|  | I am capable of coping with most of my problems. ……………………… | \_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Slightly  Disagree | Neither  Agree Nor  Disagree | Slightly  Agree | Agree | Strongly  Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |
| --- | --- | --- |
|  | There are times when things look pretty bleak and hopeless to me……… | \_\_\_\_\_\_\_\_ |
|  | I am always prepared…………………………………………………… | \_\_\_\_\_\_\_\_ |
|  | I leave my belongings around.…….………………………………..…… | \_\_\_\_\_\_\_\_ |
|  | I pay attention to details………………………………………………… | \_\_\_\_\_\_\_\_ |
|  | I make a mess of things…….…………………………………………… | \_\_\_\_\_\_\_\_ |
|  | I get chores done right away……………………………………………… | \_\_\_\_\_\_\_\_ |
|  | I often forget to put things back in their proper place ………………........ | \_\_\_\_\_\_\_\_ |
|  | I like order………………………………………………………………. | \_\_\_\_\_\_\_\_ |
|  | I do not do all of my duties……………….……………………………… | \_\_\_\_\_\_\_\_ |
|  | I follow a schedule ……………………………………………………… | \_\_\_\_\_\_\_\_ |
|  | I am demanding of myself in my work ………………………………… | \_\_\_\_\_\_\_\_ |

**Part 2**

This section asks you about your current or most recent job. Please use the same scale as above. If you are not currently working, please respond in regards to the job that you most recently held. If you have never had a job, respond to the statements below with regard to some organization of which you are a member. This could include your church, a neighborhood group, or just about any group of people who share common goals with you.

|  |  |  |
| --- | --- | --- |
|  | All in all, I am satisfied with my job…………………………………….. | \_\_\_\_\_\_\_\_ |
|  | In general, I don’t like my job…………………………………………… | \_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Strongly  Disagree | Disagree | Slightly  Disagree | Neither  Agree Nor  Disagree | Slightly  Agree | Agree | Strongly  Agree |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |  |  |
| --- | --- | --- |
|  | In general, I like working where I do……………………………………. | \_\_\_\_\_\_\_\_ |
|  | I adequately complete my assigned duties ……………………………… | \_\_\_\_\_\_\_\_ |
|  | I fulfill the responsibilities specified in my job description……………… | \_\_\_\_\_\_\_\_ |
|  | I perform tasks that are expected of me…………………………………... | \_\_\_\_\_\_\_\_ |
|  | I meet the performance standards of my job……………………………… | \_\_\_\_\_\_\_\_ |
|  | I engage in activities that will directly affect my job performance………. | \_\_\_\_\_\_\_\_ |
|  | I neglect aspects of the job that I am obligated to perform………………. | \_\_\_\_\_\_\_\_ |
|  | I fail to perform some essential job duties……………………………….. | \_\_\_\_\_\_\_\_ |

**Part 3**

This section asks you to respond to some questions about exercise. Regular exercise refers to 3 or more times per week for 20 minutes or more at each time. Using the scale below, please write the number that best corresponds to your feelings, in the blank next to each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Not at all confident |  | Somewhat confident |  | Confident |  | Very confident |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

I am confident that I can participate in regular exercise when…

|  |  |  |
| --- | --- | --- |
| 38. | …I am tired | \_\_\_\_\_\_\_\_ |
| 39. | …I am in a bad mood | \_\_\_\_\_\_\_\_ |
| 40. | …I feel I don’t have the time | \_\_\_\_\_\_\_\_ |
| 41. | …I’m on vacation | \_\_\_\_\_\_\_\_ |
| 42. | …It’s raining or snowing | \_\_\_\_\_\_\_\_ |

**PART 4**

Please FILL IN THE BLANK or CIRCLE THE APPROPRIATE ANSWER below

|  |  |
| --- | --- |
| 43. | What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 44. | Which of the following best describes your national origin or ancestry? (CIRCLE ONE BELOW)  *Mexican*  *Mexican American*  *Peurto Rican*  *Cuban/Cuban American*  *Dominican (Republic)*  *Central or South American*  *Other Spanish*  *Other Latin American*  *Other Hispanic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 45. | How much full-time work experience do you have? years = \_\_\_\_\_\_ , months= \_\_\_\_\_\_ |
| 46. | Are you currently employed? (CIRCLE ONE BELOW)  *YES*  *NO (skip to number 45 please)* |
| 47. | Is your current job full-time or part-time? (CIRCLE ONE BELOW)  Full-time  Part-time |
| 48. | How long have you been working for your current employer?  Years = \_\_\_\_\_\_ Months= \_\_\_\_\_\_ |
| 49. | What is your marital status? (CIRCLE ONE BELOW)  Partner or spouse (living with)  No partner or spouse |
| 50. | How many children do you have? \_\_\_\_\_ |
| 51. | How many children do you have living at home? \_\_\_\_\_ |
| 52. | What is the highest level of education that you have attained? (CIRCLE ONE BELOW)  *Less than high school*  *High school/general equivalency diploma*  *Some college/vocational classes beyond high school*  *Associates degree*  *College degree*  *Master’s or Doctoral degree* |
| 53. | What is the annual income of your entire household? (CIRCLE ONE BELOW)   * 1. less than $15,000 per year   2. between $15,001 and $30,000 per year   3. between $30,001 and $45,000 per year   4. between $45,001 and $60,000 per year   5. between $60,001 and $75,000 per year   6. between $75,001 and $90,000 per year   7. over $90,000 per year |

**PART 5**

The next questions are about physical activities (that is, exercise, sports, and physically active hobbies) that you may do in your LEISURE time.

|  |  |
| --- | --- |
| 54. | How many times each week do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?  \_\_\_\_\_ times per week |
| 55. | About how long do you do these vigorous leisure-time physical activities each time?  \_\_\_\_\_ minutes each time |
| 56. | How many times each week do you do LIGHT or MODERATE leisure-time physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?  \_\_\_\_\_ times per week |
| 57. | About how long do you do these light or moderate leisure-time physical activities each time?  \_\_\_\_\_ minutes each time |
| 58. | How many times each week do you do leisure-time physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics?  \_\_\_\_\_ times per week |
| 59. | About how long do you do these strengthening leisure-time physical activities each time?  \_\_\_\_\_ minutes each time |

**Thanks for helping with the survey. ☺**