**Informed Consent Form**

Project Title: Group Affiliation and Social Distance

Principal Investigator: Brier Gallihugh, B.A. Eastern Michigan University

Faculty Advisor: Rusty McIntyre, Ph.D., Eastern Michigan University

Thank you for your interest in this study! Your participation is greatly appreciated. To participate you must be a student at Eastern Michigan University and be able to read prompts fluently in English as well as respond fluently in English. Participation in research is voluntary and you may pull out of this study at any time (including after starting the study). Please feel free to ask any questions you have about participation in this study.

**Study Purpose**

The purpose of this study is to examine how easily people can assess another person's traits via a brief biographical description and picture of the person

**Basic Study Procedure**

Participants will be recruited to take place in this online study through the SONA program at Eastern Michigan University. Upon reading a consent form, individuals will be redirected to the Qualtrics program which will contain the primary study materials. Participants will be asked to first complete a demographic survey. After completion of the survey, participants will then be asked to assess an individual described in a scenario on a certain set of positive and negative characteristics. A picture of the individual will also be provided. In addition, participants will be asked to complete four scales assessing the participant on a wide range of personal metrics. Participants also be asked to provide their responses to a range of hypothetical situations regarding the participant and the individual described in the scenario. Lastly, the study will conclude with one final short survey. The study will take approximately 30 minutes to complete.

**Type of Data Collected**

The demographic survey will contain some personal questions including religious beliefs. These will be kept confidential.

**Risk of Study Participation**

There is no expected risk to participation in this study outside of what a student may face while taking a college examination. However, participants may at times potentially experience stress while reading or answering any of the study materials especially any related directly to the participant. As such, should participants feel stress they cannot handle, they are free to withdraw from the study. Participants should also be aware that they have access to EMU Counseling and Psychological Services. If they need to see an appropriate counseling professional, EMU Counseling and Psychological Services can be found and reached at the following address, phone number and email address:

EMU Counseling and Psychological Services

313 Snow Health Center

Ypsilanti, MI 48197

Phone: (734) 487-1118

Email: counseling.services@emich.edu

**Benefits of Study Participation**

There are no anticipated benefits to participants for taking part in this study. Study results may however be used as a basis for potential publications, posters or presentations at conferences or symposiums.

**Data Storage Procedures**

Data for this study will be kept on the Qualtrics server. Upon completion of the data analysis the data set will be downloaded from Qualtrics and promptly deleted.

**Alternative Task**

There is no alternative study to partake in. Participants, should they choose to not partake in the study will just be free to not participate.

**Personal Information Confidentiality**

We plan to publish the results of this study. We will not publish any information that can identify you. We will make every effort to keep your information confidential, however, we cannot guarantee confidentiality. Other groups may have access to your research information for quality control or safety purposes. These groups include the University Human Subjects Review Committee, the Office of Research Development, the sponsor of the research, or federal and state agencies that oversee the review of research, including the Office for Human Research Protections and the Food and Drug Administration. The University Human Subjects Review Committee reviews research for the safety and protection of people who participate in research studies.

**Data Storage For Future Use**

We will not store your information to study in the future. We may share your information with other researchers without asking for your permission, but the shared information will never contain information that could identify you.

**Cost to Participant**

Participation will not cost you anything.

**Participation Compensation**

You will not be paid to participate in this research study.

You will receive .5 hours of SONA credit if you complete this study. If you do not complete this study, course credit will be reduced to .25 hours of SONA credit.

**Study Contact Information**

If you have any questions about the research, you can contact the Principal Investigator, Brier Gallihugh, at bgallihu@emich.edu or by phone at (989)-423-6118.

You can also contact Brier Gallihugh’s faculty adviser, Dr. Rusty McIntyre, at rmcinty4@emich.edu or by phone at 734.487.2406.

For questions about your rights as a research subject, contact the Eastern Michigan University Human Subjects Review Committee at [human.subjects@emich.edu](mailto:human.subjects@emich.edu) or by phone at 734-487-3090.

**Voluntary participation**

Participation in this research study is your choice. You may refuse to participate at any time, even after signing this form, without repercussion. You may choose to leave the study at any time without repercussion. If you leave the study, the information you provided will be kept confidential. You may request, in writing, that your identifiable information be destroyed. However, we cannot destroy any information that has already been published. Should counseling services be needed, please refer to the above contact information for EMU Counseling and Psychological Services.

**Statement of Consent**

I have read this form. I have had an opportunity to ask questions and am satisfied with the answers I received. I give my consent to participate in this research study.

**Signatures** [REMOVE SIGNATURE LINES FOR WAIVER OF DOCUMENTATION OF CONSENT]

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Signature of Subject Date

I have explained the research to the subject and answered all his/her questions. I will give a copy of the signed consent form to the subject.

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Name of Person Obtaining Consent

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Signature of Person Obtaining Consent Date