Informed Consent for The Effects Personality Traits Have on Coping with Stress and Alcohol Consumption.

**Purpose of Study**

The role of personality traits and how they pertain to alcohol consumption and stress levels have been a focus of many studies (Mackinnon, S. P., Kehayes, I. L., Clark, R., Sherry, S. B., & Stewart, S. H., 2014). It is speculated that daily alcohol consumption is a coping mechanism for stress for those with certain personality types. The current study is designed to replicate this finding.

**Methods of Study**

During the first part of the study you will complete the Big Five Personality Test. Once the information is collected by the researchers you will pick a unique identifier so that your name will not be used.. Next you’ll receive a questionnaire about your drinking behavior for the previous six months. You will also be asked to complete a Stroop Test, during which time you will be asked to identify the colors that words are printed in

**Criteria to Participate**

To participate you must be a fluent reader and speaker of English and 21 years old or older.

**Risks & Benefits of Participating**

The potential risks are minimal. You may find yourself frustrated during color naming test. There are significant potential benefits to students, faculty, the University, and the scientific community associated with participating in this project. Research participants will gain a firsthand understanding of what the scientific process involving human research is like. Participation will also enable the researchers to contribute to scientific understanding of human behavior which can bring prestige to the researchers, the University, and increase the value of degrees issued from Eastern Oregon University.

**Your Rights & Responsibilities**

You have the right to be informed of the nature of the study, its methods, and the potential risks and benefits of participating in the study. You have the right to participate voluntarily and the freedom to withdraw from the study for any reason. You also have the right to be protected from harm and have your identities protected. To ensure your privacy, this consent form will be separated from your results and stored securely. You also have the right to learn more about this study and to contact the proper authorities (see below) should you have concerns about this study.

You have the responsibility to participate to the best of your ability if you choose to participate and are eligible for this study. This responsibility to participate to the best of your ability does not override your rights to withdraw from the study.

**Who To Contact**

If you are interested in learning more about this study or have questions you can contact this study’s primary investigator: Tabatha Bowers at bowerst2@eou.edu. If you believe that any of your rights have been violated, you should contact the Chair of the University’s Institutional Review Board: Charles Lyons at clyons@eou.edu.

**Agreement**

By signing below I affirm that I am 21 or older and that I understand the basic purpose and methods of this study, the risks and benefits associated with participating in this study, my rights and responsibilities as a research participant. I also affirm that I have had the opportunity to ask questions related to my participation in this study. Finally, I consent to participate in this study and I provide this consent voluntarily.

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like a copy of this form for your personal records, please inform the researcher.