

Research Consent

Western Michigan University
Department of: _____
Principal Investigator: _____
Student Investigator: _____

You have been invited to participate in a research project entitled “Healthy Lifestyles”. The research is intended to study how classroom participation with an adapted curriculum affects lifestyle changes for individuals with disabilities.

You will be asked to meet individually with a student to complete three questionnaires. The Supports Intensity Scale, Quality of Life survey and the RAND-36 health survey.

When you are referred to the project you will be asked to provide general information about yourself, such as age, health history, current lifestyle practices, personal habits and disability.

You will be required to submit a signed health questionnaire completed by your physician allowing you to participate.

As in all research, there may be risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken.

Benefits you may experience as a research participant include better skills to prepare healthy meals, knowledge of various types of exercise, meeting new people, and changing lifestyle choices.

All of the information collected from you is confidential. That means that your name will not appear on any papers on which this information is recorded. The forms will all be coded and the research will keep a master list with the names of participants. The records will be maintained in a locked file for a period of 3 years.

You may refuse to participate or quit at any time during the study without prejudice or penalty. If you have any questions or concerns about this study, you may contact Dawn Robarge at 387-7009 or Carol Sundberg at 387-7005. You may also contact the chair of the Human Subjects Institutional Review Board at 269-387-8293.

This consent document has been approved for used for three years by the Human Subjects Institutional Review board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in the study if the stamp is more than 3 years old.

Your signature below indicated that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

Signature

Date

Signature of Legal Representative/Guardian

Date

Consent obtained by: _____

Date