Vanderbilt University Institutional Review Board
Informed Consent Document for Research

Principal Investigator: XXXXXXXXXX Revision Date: XXXXXX
Study Title: XXXXXXXXXX
Institution/Hospital: Vanderbilt University

This informed consent document applies to adults (18 years of age and older).

Name of participant: _____ Age: ____

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions; and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.

1. Purpose of the study:
You are being asked to participate in this research study because we are interested in better understanding how men and women relate to each other as well as how personal characteristics and preferences (e.g., preferred social activities) affect male-female interactions. Specifically, this study will assess how individual characteristics and preferred activities impact how a person thinks about his/her relationship with other people.

2. Procedures to be followed and approximate duration of the study:
This study will take approximately an hour and a half. You will be asked to complete several measures that ask questions we believe to be associated with male-female interactions. You will be asked questions about your sexual orientation, your current dating status, your age, year in school (if applicable), ethnicity, socioeconomic status as well as how you feel about various aspects of your life including your social skills, academic skills, friendships, and physical appearance. You will then be asked to have your picture taken and to answer several questions on a web-based program that we believe are particularly relevant to male-female interactions. Another participant will also answer these questions and both of you will have the opportunity to review the other's picture and typed responses and complete a measure assessing how well you think you would get along with the other person. You will then have the opportunity to see what the other participant thought about how well you would get along with each other. You will be asked to complete more questionnaires that will assess how your interactions with this other person have impacted you. Lastly, you will also be asked to complete two computer tasks and several online questionnaires that we believe to be relevant to male-female interactions.

3. Expected costs:
There are no costs.

4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:
There is a possibility that you will experience some mild anxiety with having your picture taken. There is also a possibility that you will experience some discomfort when you receive feedback from the other participant about how well you and the other participant would get along. In order to minimize your discomfort, you are not told the participant's name and you will not be introduced to this participant in a face-to-face manner. Similarly, the other participant will not be told your name. Lastly, we ask all of our participants to agree to keep the responses they read confidential. This means that the other participant must agree to keep your responses confidential before he or she is shown your picture and typed responses. It is NOT our intention to make you uncomfortable, but we do want you to realize that there may be some discomfort associated with this experience. However, it is unlikely that this experience will upset you more than another experience with someone you may or may not know very well. If after the study you find yourself upset, you can call the PI (XXXXXXXXXX at XXX-XXXX) or her faculty advisor (XXXXXXXXXX at XXX-XXXX). Finally, time spent participating In this study may be an inconvenience to you and you may find the questionnaires repetitive or boring.

5. Anticipated benefits from this study:
a) The potential benefits to science and humankind that may result from this study are greater knowledge about the impact of male and female interactions on quality of life issues that has the potential to improve programs that promote healthier life styles and consequently improved quality of life.
b) There are no direct benefits to participating in this study; however, you may find It interesting and possibly gain some interpersonal insight.

6. Compensation for participation:
Participants may receive either experimental course credit (3 credits) or monetary compensation ($15).

7. Circumstances under which the Principal Investigator may withdraw you from study participation:
If you experience significant discomfort at any point in this study, you will be withdrawn from the study in order to ensure your emotional well-being. You will be compensated for your time based on the amount of time you participated in the study (awarded 1 credit or $5 per half hour of participation).

8. What happens if you choose to withdraw from study participation:
Should you choose to withdraw from the study, you will still receive compensation (1 course credit or $5 per half hour of participation).

Vanderbilt University Institutional Review Board
Informed Consent Document for Research

Principal Investigator: XXXXXXXXXX Revision Date: XXXXXX
Study Title: XXXXXXXXXX
Institution/Hospital: Vanderbilt University

9. Contact Information. If you should have any questions about this research study or possibly injury, please feel free to contact XXXXXXXXXX at (XXX) XXX-XXXX or my Faculty Advisor, XXXXXXXXXX at (XXX) XXX-XXXX.

For additional information about giving consent or your rights as a participant in this study, please feel free to contact the Vanderbilt University Institutional Review Board Office at (615) 322-2918 or toll free at (666) 224-8273.

10. All reasonable efforts will be made to keep the personal information in your research record private and confidential but absolute confidentiality cannot be guaranteed. Your information may be shared with institutional and/or governmental authorities, such as the Vanderbilt University Institutional Review Board, if you or someone else is in danger or if we are required to do so by law.

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY
I have read this Informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate.

_____ _____
Date Signature of patientlvolunteer

Consent obtained by:

_____ _____
Date Signature

_____
Printed Name and Title