Vanderbilt University Institutional Review Board
Informed Consent Document for Research

Principal Investigator: XXXXXXXXXX **Revision Date: XXXXXX**
Study Title: XXXXXXXXXX
Institution/Hospital: Department of Psychology, Vanderbilt

This informed consent document applies to adults.

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.

You participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event that 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 a research study in order to help us learn about how people react to viewing different types of stimuli. The goal of this study is to better understand psychological processes that occur during stimulus perception.

2. Procedures to be followed and approximate duration of the study:
This study will take approximately 1 ½ hours. You will be asked to view 8 sets of four stimuli on the computer screen. While viewing these stimuli, we will measure you facial sweat gland activity using electrode sensors that will attached to your face. The electrode sensors are not harmful in any way and will only be used to measure naturally occurring physiological responses that may occur while you are viewing the stimuli presented on the computer. After viewing each set of stimuli, you will be asked to indicate your self-reported mood. Once you have finished viewing all of the stimuli, you will be asked to complete five questionnaires (178 questions total) about your self-perceptions and you will talk to a research assistant about your participation in the study.

3. Expected costs:
Not applicable.

4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:
The pictures that you will view are of various animate and inanimate objects as well as scenes and events. Although unlikely, it is possible that you may experience some discomfort as a result of viewing some of the pictures. If at anytime after beginning the study you do not wish to continue, you may voluntarily withdraw from the study. In such a circumstance, if you are participating for credit, then you will be given credit at a prorated rate of 1 credit per ½ hour spent in the study. If you are participating for pay, then you will be given $3.00 per ½ hour spent in the study (if you complete the study, you will receive the full $10.00). You do not need to give any explanation for why you do not want to participate in or complete this study.

If at some point after completing the study you feel uncomfortable as a result of being in the study, you may contact XXXXXXXXXX (XXX-XXX-XXXX or XXX-XXX-XXXX). XXXXXXXXXX will attempt to contact you within 24 hours in order to discuss your reactions with you and to make recommendations.

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5. Anticipated benefits from this study:
a) The potential benefits to science and humankind that may result from this study are a better understanding of various psychological processes involved in viewing faces during interpersonal perception.
b) There are no direct benefits to you from this study.

6. Compensation for participation:
If you are participating for credit, then you will receive 3 research credits. If you are participating for pay, then you will receive $10.00.

7. What happens if you choose to withdraw from study participation:
You will receive credit in proportion to the time you have spent in the study.

8. Contact Information.
If you should have any questions about this research study or possible injury, please feel free to contact 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 (866) 224-8273.

9. Confidentiality Statement.
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 patient/volunteer

Consent obtained by:

_____ _____
Date Signature

_____
Printed Name and Title