Living a Healthy Life
With Chronic Conditions

Principal Investigator: Constance McCloy, EdD, PT
School/Department/Division: Center for Aging & Community
University of Indianapolis
Telephone: (317) 791- 5926

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

1. PURPOSE OF THIS RESEARCH STUDY:

   The purpose of this study is to gather information about chronic health conditions and their effects on people who attend the "Living a Healthy Life with Chronic Conditions" class. This information will be collected by a short survey.

   In addition, some participants will be selected to complete the same survey 6 months after completion of this class. The purpose of this part of the study is to identify changes in your health condition that may have occurred after participation in this class.

2. WHAT WILL BE DONE / PROCEDURES:

   At the beginning of your "Living a Healthy Life with Chronic Conditions" class, you will be asked to complete a short survey about your health condition and how it may be affecting your life. The survey takes 5 minutes or less to complete.

   If you are selected to complete the 6 month follow-up survey, the researcher will mail to your home a copy of this same short survey, along with a stamped, addressed envelope. You will be asked to complete and return this survey in the mail.

3. POSSIBLE BENEFITS:

   By completing the survey, you may learn more about your health condition and how it may be affecting your life. If you are one of the 6-month follow-up participants, you may also gain insights re: health changes that may have occurred since you completed the "Living a Healthy Life with Chronic Conditions" course.

4. POSSIBLE RISKS AND DISCOMFORTS:

   There is slight risk of breach of confidentiality associated with completing the survey.

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5. CONFIDENTIALITY OF RECORDS:

At the "Living a Healthy Life with Chronic Conditions" class, the instructor will keep all surveys strictly confidential, and will mail the surveys to the Center for Aging & Community (CAC) immediately after the first class. At CAC, the researcher will protect the individual identity of participants by assigning a code number. Survey materials will be stored in a locked file cabinet in a locked room. Only the investigator and co-investigator will have access to these records.

Information from all surveys will be summarized and published. It will not be possible to individually identify any participant information in any publications.

6. OFFER TO ANSWER QUESTIONS AND RESEARCH INJURY NOTIFICATION:

Dr. Constance McCloy, EdD, PT or a colleague of Dr. McCloy, responsible for this research study, has answered my questions regarding my participation in this study. I understand that if I have any further questions, I can contact Dr. McCloy at (317) 791-5926.

I understand that I will receive a copy of this informed consent document for my records.

7. VOLUNTARY PARTICIPATION WITH RIGHT OF REFUSAL:

I have been informed that my participation in this research study is voluntary. I am free to withdraw my consent for participation in this study at any time without penalty.

8. IRB REVIEW AND IMPARTIAL THIRD PARTY:

This study has been reviewed and approved by the University of Indianapolis Institutional Review Board (IRB). A representative of that Board, from the IRB Office, is available to discuss the review process or my rights as a research subject. The telephone number of the University of Indianapolis IRB Office is (317) 788-2063.

9. SIGNATURE FOR CONSENT:

The above-named investigator has answered my questions and I agree to be a research subject in this study.

Research Participant's Name	Research Participant's Signature	Date
Investigator's Name	Investigator's Signature	Date