University of Connecticut

Consent Form for Being in Research Project

Principal Investigator: Ann Ferris
Principal Investigator Phone Number: (860) 282 8525
Study Coordinator: Karina R. Lora
Study title: Effectiveness of the Husky Byte Program
IRB Number: 08-292-2
Expected Duration of Subject's Participation: 6 minutes

Invitation to Participate: You are invited to be in this project because you have a 3-5 year old child. We plan to have 200 people in this study.

What is the Purpose of the Study: To learn about the way you feed your 3-5 y old child.

Is Participation Voluntary?
Yes. If you agree to be in the study, but then change your mind, you can withdraw at any time. There are no issues if you decide that you do not want to be in the study.

How Long Will My Participation In This Study Last?
You will meet with the interviewer only one time for 6 minutes.

What Are the Costs To Me For Participating In This Study?
There is no cost for participating in the study

What Will I Be Asked to Do?
You will be asked questions about the way you feed your child, your age, education, and ethnicity or race. If you are not comfortable with any of the questions, you do not have to answer them. The sheet where your answers will be recorded will not have your name or any form of identification.

Risks and Inconveniences: This study does not involve any risk to you. The only inconvenience is the time it takes to do the interview.

Benefits:
Your answers will contribute to our nutrition research study.

Compensation:
You will receive $5.00 upon completion of the interview.

Privacy:
Although we cannot promise privacy, we will do our best to keep your comments private. We will not use your name on any results from this study. We will keep the surveys in a locked file cabinet. The survey will not have your name. Your name in this consent form will be kept separate from the results. You will not be identified in any presentations or publications based on the results of the research study.

Questions?:
The interviewers will be happy to answer any questions you might have. If you have further questions about this project, you may call Ann Ferris at 860-282-8525. If you have any questions about your rights in this project, you may call the University Of Connecticut Health Center Institutional Review Board (IRB) at 860-679-1019 or 860 679-4851.

Consent To Participation:

By signing this form you are acknowledging that you:

1) Have read or have had read to you this informed consent document.
2) Have been given the opportunity to ask questions and have them answered
3) Voluntarily consent to the participation in this study as described on this form.

You will be provided with a copy of this document after it has been signed and dated by both parties as well as a copy of the Research Participant Feedback Form.

Role	Name	Signature	Date
Participant			
Person Obtaining Consent			