

RESEARCH PARTICIPANT CONSENT INFORMATION FOR SCREENING SURVEY

STUDY TITLE: Through Thick and Thin: Exploring Black Racial Identity and Body Image

VCU INVESTIGATOR: Suzanne Mazzeo, PhD

ABOUT THIS CONSENT FORM

You are being invited to participate in a research study. **It is important that you carefully think about whether being in this study is right for you and your situation.**

This consent form is meant to assist you in thinking about whether or not you want to be in this study. **Please ask the investigator or the study staff to explain any information in this consent document that is not clear to you.** You may print a copy of this consent information to think about or discuss with family or friends before making your decision.

Your participation is voluntary. You may choose to not take this screening survey, stop the survey at any time, or skip any questions with no penalty or loss of benefits to which you are otherwise entitled. On this screener, you can choose not to answer any questions. However, if you do skip screening items, you cannot be considered for enrollment into the study.

WHAT AM I BEING ASKED TO DO?

The purpose of this 10-minute screening survey is to see if you meet the criteria to be in a research study. If you agree to take the survey, you will be asked questions about your demographics, your height and weight, mental health, eating habits and body image.

You will not receive instant feedback on your screening questionnaire. However, we intend to provide notice of eligibility within 5 business days. In addition, researchers may follow up with individuals who are determined to be ineligible for the study.

If you are eligible, you will be invited to participate in a study. In this study, you will have the opportunity to participate in a group meeting addressing cultural differences in beauty standards, the influence of culture on eating and weight behaviors, and ways to deal with body dissatisfaction and unhealthy eating behaviors.

The group meetings will take place in a secure location on the VCU campus. The meeting will take approximately 1.5 hours to complete. Groups will include about 5 – 7 people. They will be led by study staff under the supervision of Dr. Suzanne Mazzeo. Your individual answers will be completely confidential.

Additionally, you will fill out a set of online questionnaires before the group session. These surveys will take you approximately 45 minutes to complete. Questions will ask about your eating and exercise behaviors and attitudes.

WHAT ARE THE RISKS AND BENEFITS OF TAKING THIS SURVEY?

Possible risks of this screening survey include feelings of discomfort or distress elicited by the topics discussed. There is also a small risk that someone outside the study could see and misuse information about you. You will not benefit from taking this survey.

HOW WILL INFORMATION ABOUT ME BE PROTECTED?

Information that you give me will be kept as confidential as possible by storing it in secure databases accessible only to the following people: study personnel, authorized people at VCU or VCUHS who oversee research, and authorized officials of the Department of Health and Human Services.

In the future, identifiers might be removed from the information you provide in this survey, and after that removal, the information could be used for other research studies by this study team or another researcher without asking you for additional consent.

WILL I BE PAID TO PARTICIPATE?

There is no compensation for completing this screener.

WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

If you have any questions, complaints, or concerns about your participation in this research, contact:

Suzanne Mazzeo, PhD, Professor of Psychology (semazzeo@vcu.edu), 804-827- 9211
or

Rachel Boutte, MS, Graduate Student (boutterl@vcu.edu), 901-270-5459

The researcher/study staff named above is the best person(s) to call for questions about your participation in this study. If you have general questions about your rights as a participant in this or any other research, you may contact:

Virginia Commonwealth University Office of Research
800 East Leigh Street, Suite 3000
Box 980568
Richmond, VA 23298
Telephone: (804) 827-2157

Contact this number to ask general questions, to obtain information or offer input, and to express concerns or complaints about research. You may also call this number if you cannot reach the research team or if you wish to talk to someone else. General information about participation in research studies can also be found at <http://www.research.vcu.edu/irb/volunteers.htm>.

If you experience any distress from completing these surveys, you may contact University Counseling Services (UCS) at 804-828-6200 or walk-in during business hours (8-4:30 M-F) to speak with a counselor.

If you have any questions, please contact the study team before taking the survey.

STATEMENT OF CONSENT

I have been provided with an opportunity to read this consent form carefully. All of the questions that I wish to raise concerning this study have been answered.

Instructions: This consent question should be set up so that if the potential participant selects "No," then they will not proceed to the survey.

Do you consent to participate in this screening survey?

YES

NO