

Parental Consent/Child Assent Form

The link between personality and health has been established by numerous studies. However, the majority of the research has tended to focus on specific age groups - either adults or children. This study will examine the relationship between personality characteristics and health issues in parents and their children. (1) The results of this experiment will provide a more comprehensive understanding of potential links between personality and certain types of illness among family members. (4)

Participation in this experiment will involve completing paper-and-pencil questionnaires about your attitudes and values and about recent illnesses that you have experienced. There are separate measures for you and your child. We anticipate that completing these measures will take approximately 30 minutes. (2)

You are assured of the following safeguards to protect your confidentiality. The questionnaires are coded so that your name and your child's name will not appear anywhere on the measures themselves. This signed consent form will be kept in a locked filing cabinet separate from the measures. (7)

We do not expect any risks to you or your child related to participation in this experiment. (3) One potential benefit is that you and your child may have a better understanding of the research process in psychological studies. (4)

Participation is voluntary. You may withdraw from the study or choose not to answer certain questions without any penalty. (6) Your signature on this form does not waive your legal rights of protection.

If you have any questions about your participation or your rights as a research participant, you can contact Geri Walker, WWU Human Protections Administrator (HPA), (360) 650-3220, geri.walker@wwu.edu. If during or after participation in this study you suffer from any adverse effects as a result of participation, please notify the researcher directing the study or the WWU Human Protections Administrator. (5)

I have read the above description and understand the expectations for my participation.

I agree to participate I do not agree to participate

Parent Participant's Signature

Date

Parent Participant's PRINTED NAME

I have read the above description and understand the expectations for my participation.

I agree to participate I do not agree to participate

Child Participant's Signature

Date

Child Participant's PRINTED NAME

I agree (do not agree) to permit my child to participate in this study

Parent's Signature (8)

NOTE: Please sign both copies of the form and retain the copy marked "Participant."

Researcher
Copy

Participant
Copy