

INFORMED CONSENT FORM  
AGREEMENT TO PARTICIPATE

*Title of Study:*

Individual Differences in Attitudes and Embarrassment

*Researcher:*

Department of Psychology  
California State University, Chico  
Chico, CA 95929-0234

Telephone : xxx-xxxx

*Information:*

We are interested in peoples' perception of themselves and their relations with others. You will be asked to fill out several questionnaires that ask about yourself, your feelings in social situations, and your attitudes. Then, you will be asked to provide some information about your background. All answers are CONFIDENTIAL. The total time necessary is about thirty minutes. You may drop out of the study at any time without penalty, if you wish.

While this study is not expected to yield any immediate benefit to the individual participants, it will add to the general store of psychological knowledge.

The final results of the study will be made available, probably by the summer of 1996. To obtain the report, please contact xxxx at the above address.

I certify that I have read the foregoing and understand that I am free to discontinue participation in the project at any time without penalty. I hereby give my consent to participate in this project.

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Signature of Participant

Date

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## Consent Form

This questionnaire is part of a pilot study to develop a measure of abilities. By printing and signing your name below you give your consent to participate in this project. Your participation is voluntary and you may stop it at any time. Results of this questionnaire are strictly confidential and your name will in no way be used in any results gathered.

I, \_\_\_\_\_, voluntarily give my consent to participate in this project. I understand that I may leave at any time and that my confidentiality will be protected.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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The purpose of this study is to research peoples' perception of themselves and their relations with others. In the first phase of this study you will be asked to fill out questionnaires that ask about yourself, your feelings in social situations, and your attitudes. You will also be asked to provide some information about your background. The total time necessary for participation in this phase is about thirty minutes. While this study is not expected to yield any immediate benefit or harm to individual participants, it will add to the general store of psychological knowledge.

If at any time you feel uncomfortable or unusually stressed, inform the researcher and you may stop your participation immediately.

By printing and signing your name below you give your consent to participate in the first phase of this project. Your participation is voluntary and you may stop participation at any time without penalty. The results from this study will be strictly CONFIDENTIAL and your name will in no way be used in any results. You may be asked to participate in a follow-up phase for further development of this study.

I, \_\_\_\_\_, voluntarily give my consent to participate in this project. I understand that I may leave at any time and that my confidentiality will be protected.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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The final results of the study will be made available, approximately by June of 2000. To obtain the results, please contact:  
xxxxx

## CONSENT FORM

This is a questionnaire that we developed to determine how well our volunteers can answer our questions. It is completely voluntary and your name is completely confidential, you may chose to not continue at any time. By signing and printing your name below you give us your consent to participate in our questionnaire and use your results in our finial conclusion but again your name will not be released it's all strictly confidential.

I, \_\_\_\_\_ voluntarily give my consent to participate in the above project. I understand that I may chose to stop at any time and that it is all confidential.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date