

Whitman College Personality Study

Informed Consent Form

Please read this information. If you understand and agree to it, then please sign below.

Julia Clark, a psychology student from Whitman College, is conducting this study with Dr. Pavel Blagov. This research is **not** by the WA State Penitentiary or by the DOC. To protect the rights of participants, the Whitman Institutional Review Board and the DOC Research Review Committee had to approve this research.

Participation in this study is **voluntary**. There is **no penalty** if you choose not to participate, if you stop participating, if you choose not to answer certain questions, or if you withdraw the information you gave.

We ask you to fill out a questionnaire. The questions are about you as a person, your relationships, your lifestyle, and your legal and drug use history. We **do not** ask questions about rule-breaking, drug use, or gang activity in prison. We look for links among people’s personalities, relationships, and lifestyles. There are no benefits to you from participating in this research. You help test a scientific theory by completing this study.

Your answers are **confidential**. We store this form with your signature away from your answers and under lock. We give the questionnaire a code number so that your name does not appear on it. We ask that you **do not** write your name on the questionnaire. We use the data only for scientific research. We pool all the answers together, and we do not write about individuals.

There are some risks to you as a participant. You may feel uncomfortable answering questions about your illegal behavior, family background, and childhood. Many people feel at ease answering these questions. If a question makes you uncomfortable, you may skip it. Please let us know if you feel uncomfortable answering. Additionally, a breach of confidentiality is highly unlikely but it is not impossible. This is why we do not ask any questions about gang or criminal activity in prison or about breaking prison rules. Please complete the questions in a private way so that other inmates or staff members do not see your answers. We give you **one envelope to seal the sheet you sign and another envelope to seal the questionnaire** with your answers. Please **do not** write your name on the envelopes. We strive to keep your information private.

If you have questions about the study or your rights, please contact Ms. Clark or Dr. Blagov at Whitman College, 345 Boyer Ave., WA 99362, phone: 509-527-5123, e-mail: personality@cleo.whitman.edu. If you have concerns about this research, you may contact the Whitman College IRB (irb@whitman.edu; 345 Boyer Ave., WA 99362) or the RCC (360-725-8265; P.O. Box 41113, WA 98504-1113).

If you sign below, you agree that you understand the information above and you agree to participate in the research. Please tear off and **keep the top of the page. Tear off, sign, seal, and return the slip below.**

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Informed Consent Form

Participant Name: _____

Signature: _____

Date: _____

(please tear off, seal in small envelope, and return with questionnaire)