

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
Consent Form- Health Risk Appraisal

Project Title: Healthy UNCG

Project Director: Dr. Daniel Bibeau

Participant's Name: _____

What this study is about

This is a research study. You have the opportunity to complete a health risk appraisal that will give you information about your future health risks through a personal report that will be provided back to you. If you are willing, you are being asked if the Healthy UNCG team can use your data as part of an ongoing research study on how we are doing in helping UNCG employees reduce their risks. We will only report group data so that nobody can identify your answers. This study will allow us to share what we find with others to help them serve their employees better.

By using the health risk appraisal, we are trying to find out about the health needs of the UNCG employees. The information we gather from the appraisal will provide baseline data for you and the university community as a whole and help us target specific areas to change. The information will be used to develop and implement educational, policy, or environmental change activities in areas that could impact the health of employees. The data from the HRAs will also be made available as a secondary data resource to faculty and students to be used for research, evaluation, and program planning purposes, all aimed at reducing your risk and improving health.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Why are you asking me?

You are being asked to participate because you are an employee of the University of North Carolina Greensboro.

What will you ask me to do if I agree to be in the study?

You will be asked to complete a Personal Wellness Profile booklet, either in person, or on-line using the same form. You will also be asked to complete some physical measurements (such as blood pressure, heart rate, height, weight, hip girth, and waist circumference) that will be recorded on the last page of the Personal Wellness Profile.

Completing the HRA takes approximately 3 hours total, spread out over 2 sessions:

- 1.5 hours to answer the self report questions and take measurements
- 1.5 hours to get your results and discuss what the results mean

Based on the results of your Wellness Profile, you may be invited to participate in activities, such as seminars or workshops, classes, health screenings and incentive programs. There may also be policy changes and new environment supports for health based on the results.

The amount of time each of these activities takes will vary from a 1 time health screening session that takes 30 minutes or a 1 time 1 hour workshop, to a 10 week program that takes 1 hour per week. For each activity that you are invited to participate in you will be give detailed information about what the activity is and how much time it will take to participate in it.

Possible good things that may come out of this study

As part of the study you will receive your Personal Wellness Profile and you may learn about your personal health risk profile and things that you can do to improve your health.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you or payments made for participating in this study.

UNCG IRB
Approved Consent Form
Valid from:

2/7/14 to 2/6/15

Possible risks that may occur in this study

A potential risk to participants is embarrassment completing components of the HRA. The same potential risks exist for follow-up activities. In addition, in web based HRAs, absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

All of my questions

If you have any concerns about your rights, how you are being treated or if you have questions, want more information or have suggestions, please contact Eric Allen in the Office of Research Compliance at UNCG at (336) 256-1482. Questions, concerns or complaints about this project or benefits or risks associated with being in this study can be answered by Daniel Bibeau who may be contacted at (333) 334-5527 or dlbibeau@uncg.edu.

Leaving the study

You are free to refuse to participate or to withdraw your consent to be in this study at any time. There will be no penalty or unfair treatment if you choose not to be in the study or to withdraw later. Being in this study is completely voluntary. You may still complete the health risk appraisal and receive your results, even if you do not want your data to be used in the study. If you choose to withdraw later, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state.

My personal information

Your privacy will be protected; all information obtained in this study is strictly confidential unless disclosure is required by law. Your name or other identifiable information will be kept strictly confidential and will never be linked to your answers or results except for documents given directly to you alone. If your identity is necessary for a follow-up activity or study, we will contact you and ask if you are willing to participate and ask you to sign a new consent form.

For web based HRAs, absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

Study approval

The University of North Carolina at Greensboro Institutional Review Board makes sure that studies with people follow federal rules. They have approved this study, its consent form, and the earlier verbal discussion.

Voluntary Consent by Participant:

By signing this consent form you are agreeing that you have read it, or that it has been read to you and you fully understand the contents of this document and are openly willing to consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by the study administrator.

Participant's Signature

Date

Signature of person obtaining consent on behalf
of The University of North Carolina at
Greensboro

Date

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By clicking the AGREE button, you are agreeing that you have read this information, or that it has been read to you and you fully understand the contents of this document and are openly willing to consent to take part in this study. All of your questions concerning this study have been answered.
You do not have to participate in the study to complete the online Personal Wellness Profile.

By clicking the AGREE button, you are agreeing that you are 18 years of age or older and are agreeing to participate, or have the individual specified above as a participant participate, in this study described to you by the study administrator.

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