

Appendix M: Informed Consent Form

Title of Project: The Effectiveness of Video Lessons Verses Traditional Face-to-Face Lessons in Teaching Limited-Resource Adults

I understand that people in the EFNEP and SCNEP programs are doing this study to look at a new method of delivering lessons. This study has been explained to me in a way that I understand. I agree to take part in the study and to fill out the following forms or will provide information for someone else to fill out the forms:

	Pre	Middle	Post
1. EFNEP Family Record (Part A)	X		X
2. EFNEP Family Record Part C: Homemaker Food Re-call	X		X
3. Behavior Checklist	X		X
4. Video Perception Survey (only if in the video lesson group)		X	X

I understand that I will be asked the following information:

- where I live
- my race
- my family income
- what government help I receive
- what grade I finished in school
- what foods I eat
- some of the things I do when I buy, store and cook food.

I understand that I will be assigned to one of the following groups during the study period. These groups are:

1. A traditional instruction group in which a Program Assistant will come to my home and teach me nutrition lessons for a period of 3-4 months.
2. A video lesson group in which I will watch nutrition lessons on video and then talk about the lessons by phone with a Program Assistant for a period of 3-4 months. The Program Assistant will come to my home 4-6 times during this period in order to pick-up and drop-off videos.

Benefits

By following the dietary instructions I may be able to select more nutritious foods for myself and my family. By participating in this study, the EFNEP program may be able to find new ways to deliver lessons to others.

Confidentiality of Records

I understand that everything I write down or tell will be kept confidential. Information I give will be used only to improve the EFNEP program and my name will not be used on any forms or reports.

_____ participant's initials

Freedom to Withdraw

I also understand that, if I decide not to be involved in the study I can still be involved in the EFNEP and it will not harm my relationship with any other agency.

Additional Information

If I have questions at anytime during this study, I can contact:

Ruby Cox
State EFNEP Coordinator
Virginia Tech
329 Wallace Hall
Blacksburg, VA 24060
phone: (540) 231-7156

H.T. Hurd
Chair, IRB,
Sponsored Programs
phone: (540)231-5281

By signing this form, I indicate that I have read and understand the Informed Consent and conditions of this project, have had all of my questions answered, and willingly agree to participate in this project.

(Participant's Signature)

(Date)

(Witness's Signature)

(Date)