Informed Consent Agreement

"Can Flipping the Current pain scale improve Comfort and Quality of life?"

You are being asked to take part in a graduate level research study regarding pain perception and quality of life. We are asking you to participate because you have expressed challenges with pain in the past and/ or your health care provider supports this line of inquiry. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: The purpose of this study is to assess your pain level using the current pain scale, and to reassess your comfort level using a different approach. Your perceived Quality of Life will also be assessed during this brief assessment- For clarity, Quality of Life is defined by Oxford Dictionary as, "The standard of health, comfort, and happiness experienced by an individual or group."

What we will ask you to do: If you agree to be in this study, you will answer questions on a 2-sided questionnaire. It should take 5-10 minutes. *If you would like to participate in a follow-up study, by phone, please provide your contact information after your signature.*

Risks and benefits: We anticipate that any risk associated with your participation in this study would be minimal and consistent with those encountered in day-to-day life.

There are no immediate benefits to you. Your regular pain management plan will NOT be impacted by this study. We understand that pain can be a very debilitating sensation and hope to provide a more positive tool for monitoring your level of comfort, while empowering the body to focus on comfort instead of pain.

Compensation: None

Your answers will be confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records. If we tape-record the follow-up interview, we will destroy the tape after it has been transcribed, which we anticipate will be within two months of its taping.

Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with your health care provider. If you decide to take part, you are free to withdraw at any time.

If you have questions: The researchers conducting this study are Lisa Evers, RN and Francis Charet, Ph.D. Please ask any questions you have now. If you have questions later, you may contact Lisa Evers at lisa.evers@goddard.edu or at 1-904-657-4326. You can reach Dr. Charet at francis.charet@goddard.edu. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) at lewis.jones@goddard.edu. You will be given a copy of this form to keep for your records.

IRB Consent Form

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Statement of Consent: I have read the above information, and have received answers to any questions I asked. If any of my narrative comments are used in the final manuscript, I will have an opportunity to review them first. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

(Optional) In addition to agreeing to participate, I also consent to having a follow-up phone interview in approximately 4-6 months (not required for initial participation).

Your Signature _____ Date _____

Phone Number _____ or Email _____

Signature of person obtaining consent _____

Date _____

Printed name of person obtaining consent _____

This consent form will be kept by the researcher for at least three years beyond the end of the study.

IRB Information Contact:

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