

CITY UNIVERSITY OF NEW YORK

Graduate Center

Department of Psychology

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Project Title: Qualitative Study of Working Adults with Ambulatory Disability in NYC

Principal Investigator: Jessica Murray
Graduate Student
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New York, NY 10016
214-454-6298

Faculty Advisor: John Seley
Professor, Environmental Psychology
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365 5th Avenue
New York, NY 10016
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Site where study is to be conducted: Multiple locations in New York City

Introduction/Purpose: You are invited to participate in a research study. The study is conducted under the direction of Jessica Murray, Masters Student at The Graduate Center (CUNY). The purpose of this research study is to explore how ambulatory disabilities impact quality of life for working adults living in New York City. This is a qualitative study that aims to explore how work and family domains are impacted by environmental obstacles or facilitators at home, work and in between (in transit). The results from this study will aid in developing surveys for future research by identifying barriers and supports in multiple life areas. If participants are in a relationship, their partners will be invited to participate in the study and be interviewed separately.

Procedures: Approximately 23-31 individuals are expected to participate in this study. Each subject will participate in an interview lasting from 60-90 minutes. The interview can be conducted at the participant's home, or another quiet place that is suitable for using an audio recorder. Audio recording is necessary for accurate documentation of answers to interview questions; therefore, anyone that does not wish to be recorded will not be eligible to participate in the study. Partners of primary research participants will also be invited to participate in an interview, and will be given the same compensation, anonymity and confidentiality as their partner.

Possible Discomforts and Risks: Your participation in this study may involve anxiety related to being recorded or observed. To minimize these risks you can decide to end the interview or shadowing process at any time. You will be asked to choose a pseudonym to identify audio recordings and observations,

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unless you choose to use your real name. Your interview will be audio recorded and later transcribed to assure accuracy of the answers collected. If you wish, these recordings will be made available for you to listen to after the interview. Audio will be transcribed and identified with your pseudonym (or name if you wish to reveal your identity) for analysis in a Master's Thesis, and possibly later publications. If you are uncertain about having your audio or transcribed interviews used as a result of this study, you should contact Jessica Murray and request that the audio recordings or transcripts be destroyed. After transcription and verification is complete, the audio files will be destroyed.

Your participation may cause anxiety related to experiencing or talking about mobility impairment or obstacles during the interview and observation process. If you feel uncomfortable at any point during the research process, you may request to suspend your participation or stop it completely at any time.

Benefits: Participants will be modestly compensated for their participation. Participating in the study may also increase awareness of the experience of living and working with a mobility disability in New York City.

Voluntary Participation: Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If you decide to leave the study, please contact the principal investigator Jessica Murray to inform them of your decision.

Financial Considerations: Participation in this study will involve no cost to the subject. Participants will be paid \$40 USD to participate in the study.

Confidentiality: The data obtained will be collected via audio recording for interviews, and observation with hand written or electronically recorded notes. The collected data will be accessible to Jessica Murray, John Seley (sponsor), and Independent Review Board Members who approved this research. The researcher will protect your confidentiality by using a pseudonym for identification of audio files, transcripts and notes from observation. Audio files will be destroyed after they are transcribed and verified by each research participant. The collected data will be stored on Jessica Murray's phone until it is transferred to her home computer, where it will be backed up and stored without identifying information on Google Drive. The researcher will store your personal contact information including phone number, email address, and home address which will be stored on her phone and personal computer throughout the research process, until the contact information is no longer needed. Access to all devices is password protected, with 2-step authentication for online files and email correspondence.

Or

I give permission to the researcher to use my identity (name, but no other personal information) throughout the research process, including published materials: Yes No

Contact Questions/Persons: If you have any questions about the research now or in the future, you should contact the Principal Investigator, Jessica Murray, jmurray@gc.cuny.edu, 214-454-6298. If you have any questions concerning your rights as a participant in this study, you may contact the Queens College Office of Regulatory Compliance at (718) 997-5415 or qcorc@qc.cuny.edu.

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Statement of Consent:

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that the principal investigator of this research study will answer future questions. I voluntarily agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.

Printed Name of
Subject

Signature of Subject

Date Signed

Printed Name of
Person Explaining
Consent Form

Signature of Person Explaining Consent Form

Date Signed

Printed Name of
Investigator

Signature of Investigator

Date Signed

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