INFORMED CONSENT

TITLE: DIETARY INTAKE AND BEHAVIOR IN COMPETITIVE WOMEN BODYBUILDERS

PRINCIPAL INVESTIGATOR: Dr. Jerry W. Lee, PhD

CO-INVESTIGATOR: John E. Haubenstricker, MS, RD, CSSD, EP-C

WHY IS THIS STUDY BEING DONE?

The purpose of the study is to understand the factors that lead to dietary protein intake and dietary supplement use. You are invited to be in this study because you are competitive women bodybuilder who is either currently competing, plans to compete in the next year, or has competed in the past year in one of the physique categories (i.e., bodybuilding, bikini, figure, fitness, or physique). Approximately, 20 individuals will participate in this study throughout the United States. Your participation in this study may last up to 30 minutes.

HOW WILL I BE INVOLVED?

Participation in this study involves completing a questionnaire about your personal opinions around protein intake and supplement use during competition preparation online. The completion of the questionnaire will take approximately 30 minutes. The purpose will be to identify/provide insights into the beliefs about dietary protein intake and dietary supplement intake in competitive women bodybuilders. In addition, the study will help to identify/provide insight into the factors associated with dietary protein intake and dietary supplement use in competitive women bodybuilders.

WHAT ARE THE REASONABLY FORESEEABLE RISKS OR DISCOMFORTS I MIGHT HAVE?

This study poses no greater risk to you than what you routinely encounter in day-to-day life. Participating in this study involve several risks, which include a possible breach of confidentiality and privacy, and the possibility of disclosing the use of illegal substances. All records and research materials that could identify you will be held confidential. Information identifying you will only be available to the study personnel. Only the co-investigator listed on the front page will lead the administration of the questionnaire. Data will be held by the investigator in a password protected file, while the co-investigator will save the data onto a password protected and encrypted external hard drive. Once the data has been checked and cleared of errors, all identifiers connecting you to the data will be destroyed. Once the identifiers have been destroyed, no participant can be identified in any published document resulting from this study.
WILL THERE BE ANY BENEFIT TO ME OR OTHERS?

Although you may not personally benefit from this study, your participation may help practitioners better identify/provide insights into the beliefs about dietary protein intake and dietary supplement intake in competitive women bodybuilders.

WHAT ARE MY RIGHTS AS A SUBJECT?

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw once the study has started. Your decision whether or not to participate or terminate at any time will not affect your future standing with the researchers. You do not give up any legal rights by participating in this study. If at any time you feel uncomfortable, you may refuse to answer questions.

WHAT COSTS ARE INVOLVED?

There is no cost to you for participating in this study.

WILL I BE PAID TO PARTICIPATE IN THIS STUDY?

For lump sum, you will be paid $30 when you complete this study.

WHO DO I CALL IF I HAVE QUESTIONS?

Call 909-558-4647 or e-mail patientrelations@llu.edu for information and assistance with complaints or concerns about your rights in this study. For questions about the study, itself, please email John Haubenstricker at jhaubenstricker@llu.edu.

SUBJECT’S STATEMENT OF CONSENT

- I have read the contents of the consent form and have emailed John Haubenstricker at jhaubenstricker@llu.edu if I have questions about the study
- My questions concerning this study have been answered to my satisfaction.
- Signing this consent document does not waive my rights nor does it release the investigators, institution or sponsors from their responsibilities.
- I hereby give voluntary consent to participate in this study.

I understand I will be given a copy of this consent form after signing it.

____________________________________  ______________________________________
Signature of Subject                             Printed Name of Subject

____________________________________
Date
INVESTIGATOR’S STATEMENT
I have reviewed the contents of this consent form with the person signing above. I have explained potential risks and benefits of the study.

_________________________________________  ____________________________________________
Signature of Investigator                        Printed Name of Investigator

_________________________________________
Date