



**THE UNIVERSITY OF MONTANA-MISSOULA**  
 Institutional Review Board (IRB)  
 for the Use of Human Subjects in Research  
 CHECKLIST / APPLICATION

IRB Protocol No.:  
8-09

At The University of Montana (UM), the Institutional Review Board (IRB) is the institutional review body responsible for oversight of all research activities involving human subjects outlined in the U.S. Department of Health and Human Services Office of Human Research Protection ([www.hhs.gov/ohrp](http://www.hhs.gov/ohrp)) and the National Institutes of Health, Inclusion of Children Policy Implementation (<http://grants.nih.gov/grants/funding/children/children.htm>).

**Instructions:** A separate registration form must be submitted for each project. IRB proposals are approved for three years and must be continued annually. **Faculty members** may email the completed form as a Word document to [IRB@umontana.edu](mailto:IRB@umontana.edu). **Students** must submit a hardcopy of the completed form to the Office of the Vice President for Research & Development, University Hall 116.

**1. Administrative Information**

|  |                              |
|--|------------------------------|
| Project Title: <b>Rural and Urban Differences in Disordered Eating, Antifat Attitudes, and Barriers to Treatment</b> |                              |
| Principal Investigator: Alison C. Pepper   | Title: M.A.; Ph.D. Candidate |
| Email address: <a href="mailto:Alison.Pepper@umontana.edu">Alison.Pepper@umontana.edu</a>                            |                              |
| Work Phone: (406) 243-6514   | Cell Phone: (858) 344-2232   |
| Department: Psychology   | Office location: SB 368      |

**2. Human Subjects Protection Training** (All researchers, including faculty supervisors, must have completed a self-study course on protection of human research subjects **within the last three years** (<http://www.umt.edu/research/complianceinfo/IRB/>) and be able to supply the "Certificate(s) of Completion" upon request.

| NAME and DEPT.                     | PI                                  | CO-PI                    | Faculty Supervisor                  | Research Assistant                  | DATE COMPLETED Human Subjects Protection Course |
|------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---|
| Alison C. Pepper, M.A., Psychology | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 1/7/2009  |
| Christine Fiore, Ph.D., Psychology | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11/2008   |
| Gabrielli, Joy, Psychology         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7/8/2008  |
|                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |
|                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |
|                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |

**3. Project Funding**

|  |           |   |          |
|--|-----------|---|----------|
| Is grant application currently under review at grant funding agency? <input checked="" type="checkbox"/> Yes (If yes, cite sponsor on ICF if applicable) <input type="checkbox"/> No |           | Has grant proposal received approval and funding? <input type="checkbox"/> Yes (If yes, cite sponsor on ICF if applicable) <input checked="" type="checkbox"/> No |          |
| Agency   | Grant No. | Start Date  | End Date |
| Academy of Eating Disorders (AED)  |           |   |          |
| Is this part of your thesis or dissertation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |           | If yes, date you successfully presented your proposal to your committee: 1/26/2008  |          |

For UM-IRB Use Only

**IRB Determination:**

- Approved Exempt from Review, Exemption # \_\_\_\_\_ (see memo)
- Approved by Expedited/Administrative Review (see \*Note to PI)
- Full IRB Determination
  - Approved (see \*Note to PI)
  - Conditional Approval (see memo) - IRB Chair Signature/Date: Judith Greenberg 1/22/09
  - Conditions Met (see \*Note to PI)
  - Resubmit Proposal (see memo)
  - Disapproved (see memo)

**\* Note to PI:** Study is approved for one year. Use any attached IRB-approved forms (signed/dated) as "masters" when preparing copies. If continuing beyond the expiration date, a continuation report must be submitted. Notify the IRB if any significant changes or unanticipated events occur. Notify the IRB in writing when the study is terminated

Final Approval by IRB Chair: Vice Andrea Hoffland Date: 2/10/09 Expires: 1/21/10

**4. Purpose of the Research Project (not to exceed 500 words):** Briefly summarize the overall intent of the study. Your target audience is a non-researcher. Include in your description a statement of the objectives and the potential benefit to the study subjects and/or the advancement of your field. **Generally included are literature related to the problem, hypotheses, and discussion of the problem's importance.**

Disordered eating (DE) includes binge eating and chronic dieting, and may be triggered by body dissatisfaction (BD; Littleton & Ollendick, 2003). BD and DE commonly occur in college females (Franko, et al., 2005; Schwitzer, et al., 2001), which is concerning given DE's associated physical (Pomeroy, 2004) and emotional consequences (Wade, 2007). Jameson and Blank (2007) argued that mental illness rates may not differ between rural and nonrural areas. However, only one study has compared DE rates between urban and rural regions in the United States, and when controlling for socioeconomic status (SES), no significant differences were detected (Bagley, et al. 2003). **Our first aim is to assess DE and BD in rural and urban participants. We hypothesize that when controlling for SES, DE and BD will be higher in participants from urban compared to rural regions.**

Additionally, many individuals with DE do not seek treatment (Garvin & Striegel-Moore, 1999). When investigating DE treatment barriers, shame, perseverance, unawareness of options, and insurance concerns were most common (Cachelin & Striegel-Moore, 2006). However, no empirical evidence has documented DE treatment barriers specifically in rural regions. **Our second aim is to assess system-level barriers (i.e. inaccessible facilities; lack of confidentiality; and, financial concerns) identified by rural and urban participants who endorsed DE patterns. When accounting for SES, we hypothesize that individuals from rural regions will endorse more system-level barriers than individuals from urban regions.**

We will also investigate *individual-level* barriers to DE treatment in rural and urban participants. For example, unlike urban culture, rural culture may foster such values as self-reliance, work-orientation, individualism, and fatalism (Wagenfeld, 2004). These values are consistent with Crandall's (1994) notion of "antifat attitudes" (AFA), or weight-based prejudices. AFA has consistently imitated classic "Protestant ethics," which Crandall (1994) characterized as individualistic, self-governed, just, industrious, and authoritarian (Crandall & Martinez, 1996; Crandall et al., 2000). Given that barriers, like stigma, may prevent rural residents from seeking treatment (Stamm, et al., 2004) or psychological care (Elder & Quillen, 2007; p. 301), it is important to investigate whether AFA influence an individual's motivation to seek treatment for DE patterns. **Our third aim is to examine whether AFA influences an individual's motivation to seek treatment. When accounting for SES, we hypothesize that, among those with DE patterns and high BD, individual who endorse high AFA's will be less motivated to seek treatment than those with low AFA's. Our fourth aim is to compare this relationship between rural and urban participants. We hypothesize that the negative association between AFA and motivation to seek treatment will be stronger among rural compared to urban participants with DE.**

This study is important for several reasons. First, we will supplement the dearth of research focusing on DE in rural regions. Second, we will investigate system-level barriers to the treatment of DE, specifically in rural regions, which may help professionals tailor services to the unique rural culture. Third, identifying that high AFA decreases individual's motivation to seek treatment may encourage popular culture and the professional fields to challenge weight-based stigma.

**5. Subject Information:**

a. Human Subjects (*identify, include age/gender*):

Participants will include female college students from The University of Montana who are 18 and older.

b. How many subjects will be included in the study? 150

c. Are minors included (*under age 18, per Montana law*)?  Yes  No  
If yes, specify age range: \_\_\_\_\_ to \_\_\_\_\_

d. Are members of a physically, psychologically, or socially vulnerable population specifically targeted?  Yes  No  
If yes, please explain why the subjects would be considered physically, psychologically or socially vulnerable:

We will be targeting females who endorse a clinically significant level of disordered eating patterns. The reason is because we are most interested in their treatment seeking behaviors.

e. How are subjects selected or recruited? What is inclusion/exclusion criteria? (*Attach copies of all flyers, advertisements, etc., that will be used in the recruitment process as these require UM-IRB approval*)

We will use two recruiting methods. First, during the Psychology Department's Screening Day, we will ask interested students to complete a brief screener. Second, we will post a sign-up sheet (see p. 10) on the second floor of the Skaggs Building to recruit participants. Only students 18 or older will be asked to participate. In addition, only female student will be recruited. The reason is because 90% of those with eating disorders are women (APA, 2000) and the causes of eating disorders and body dissatisfaction vary between men and women (Scarano & Kalodner-Martin, 1994). Participants will be included in both parts of the study if 1) she scores at or above the clinically significant cut-off on the screener, and 2) she grants us permission to contact her for future participation.

f. How will subjects be identified in your work papers and in your publications: (*may check more than one*)

Identified by name and/or address or other  
(*Secure written [e.g., ICF] or verbal permission to identify; if risk exists, create a confidentiality plan.*)

Confidentiality Plan  
(*Identity of subjects linked to research, but not specific data [e.g., individuals identified in ICF but not included in publications]; identification key kept separate from data; or, data collected by third party [e.g., Select Survey, SurveyMonkey, etc.] and identifiers not received with data.*)

Never know participant's identity  
(*An ICF may be unnecessary [e.g., anonymous survey] unless project is sensitive or involves a vulnerable population.*)

g. Describe the means by which the human subject's personal privacy is to be protected, and the confidentiality of information maintained. If you are using a Confidentiality Plan (as checked above), include in your description a plan for the destruction of materials that could allow identification of individual subjects.

During screening, participants will be given a consent form (see p. 11) attached on top of the screener (see p. 15). The consent form will specifically state that only I, my faculty advisor, and my trained research assistants will have access to any information provided. They will be informed that all information is kept strictly confidential; that is, all paperwork is kept in a locked file drawer in a locked office, and all computer files are password protected, which is known only by me, my advisor, and trained research assistants. The consent form will also outline any limits to confidentiality, the risks associated with participation, and request a signature to indicate consent.

The screener (see pp. 15-17) will be divided in two halves. Part 1 (see p. 15) contains an empty line so the researcher can assign the participant an individual research code, a 22-item scale to assess disordered eating, and demographic questions to assess urban or rural status. The second part (see p. 17) of the screener will ask participants if they are interested in participating in the next phase of the study (i.e. completing a 20 minute questionnaire). If they check no, they will be asked to return the screener, receive a debriefing form, and provided with compensation. If they check yes, they will first be asked to print their name where specified on the screener. The screener will remind participants that all information is kept strictly confidential. Next, participants will be asked to indicate the best way to be contacted provide the corresponding contact information (i.e. current address, email, or phone number). Participants will then be asked to provide the best time to be reached (i.e. morning, afternoon, evening), as well as the most convenient day and time they could complete a 20 minute survey. Participants will then be informed that to protect their privacy, all information included in an email or voice message will be vague and state a request to attend an informational meeting at a certain date or time. Participants will then be asked if, when contacted, we could identify ourselves as "UM Research." If they check no, they will be asked to specify a name to best identify ourselves.

Upon receipt, all screeners will be detached from the signed consent form. Screeners will be scored to ascertain

eligibility. If ineligible, the participant's name and contact information will be immediately shredded. All eligible participant will be assigned a research code. Their data and contact information will then be separated. Thus, the first part of the screener will include only a research code and data. This sheet will be kept in my locked file drawer that is located in a locked office. Only the second half of the screener will include the student's name, contact information, and research code. These papers, along with the consent form, will be kept away from all data, in a separate, locked file drawer in a locked office.

To ensure students do not participate more than once, and in order to provide research credit, names of students will be recorded. This document will not list participants' research codes and will be stored separate from any documents where names can be associated with research codes. Should eligible students opt to participate in the second part of the study, they will receive a second consent form (see p. 18) and a survey (see pp. 20-27). The researcher will use the participant's name on this consent form to determine the participant's pre-determined research code. The code will be written on their survey, which will then be immediately separated from the consent form. Therefore, only the consent form will contain each participant's name, and only the survey will contain their data and research code. These consent forms will be stored with the first consent forms and the second part of the screener. The survey data will be stored with the data from the first part of the screener, which will be in a separate locked file drawer. Only research codes and data will be entered in the computer for analysis. All computer files will be password protected. Once eligible and consenting participants have been contacted and completed this second phase, the second part of the screener, which lists names, contact information, and research codes, will be shredded.

h. Will subject(s) receive an explanation of the research – separate from the informed consent form (if applicable) – before and/or after the project?  Yes (see pp. 11-12 and 13-14)  No

## 6. Information to be Compiled

a. Explain where the study will take place (*physical location not geographic. If permission will be required to use any facilities, indicate those arrangements and attach copies of written permission*):

Screening Day will take place in a classroom determined by the Director of the Psychology Screening Day, Luke Conway, Ph.D. Other screening and survey sessions will take place in classrooms located in the Skaggs Building. Sessions will be scheduled at times when the room is completely vacant; that is, not during classes or other research projects. Room availability is typically posted outside the classroom door and reservations can be made by coordinating with psychology staff.

b. Subject matter or kind(s) of information to be compiled from/about subjects:

The subject matter includes: 1) regional status (i.e. rural or urban), 2) eating patterns, 3) level of satisfaction with her body, 4) motivation to change disordered eating patterns, 5) attitudes about others who may be overweight or obese, and, 6) any barriers that she may have experienced when seeking treatment for disordered eating patterns.

c. Activities the subjects will perform and how the subjects will be used. Describe the instrumentation and procedures to be used and kinds of data or information to be gathered. **Provide enough detail** so the IRB will be able to evaluate the intrusion from the subject's perspective:

Participant activities include filling out a screener (see pp. 15-17) and, if eligible, a survey (see pp. 20 -27).

*Procedure.* Participants will be recruited from Psychology undergraduate classes at the University of Montana in Missoula during the Spring 2009 semester. During Screening Day, or alternative screening sessions, consenting participants will be asked to complete a 3-page screener (see pp. 15-17). All participants will be debriefed (see p. 28), asked if she has any questions, and compensated with course credit. Based on the results from the screener, the principal investigator or research assistants will contact the participant to determine if she is interested in returning to complete another survey. Consenting participants will again be debriefed (see p. 29), asked if she has any questions, and given additional course credit as compensation.

*Methods.* Participants will individually complete the screener in a group setting. The screener (see pp. 15-17) includes questions assessing regional status (i.e. rural or urban; p. 15). Examples include “Where were you born?,” and “Where did you spend the majority of your developmental years?” The screener also includes the 22-item Eating Disorder Diagnostic Scale (EDDS; Stice, et al., 2000; see p. 15). Comparing participants’ scores to the guidelines established by the EDDS’s authors (Stice, et al., 2004) enables us to screen-out individuals who do not have clinically significant disordered eating patterns. Those with disordered eating patterns will be later contacted and asked to return to complete a survey (see pp. 20-27). This survey includes several demographic questions, including age, ethnic identity, and socioeconomic status (see pp. 20-21). The screener also includes a Body Dissatisfaction scale (Garner, et al., 1983; see p. 21) to assess level of body satisfaction. The 13-item Antifat Attitudes Questionnaire (AFA; see p. 21-22) will evaluate weight-based prejudices. Examples include, “Fat people make me feel somewhat uncomfortable,” “I feel disgusted with myself when I gain weight,” and “People who weigh too much could lose at least some part of their weight though a little exercise.” A modified version of the University of Rhode Island Change Assessment Scale (URICA; McConaughy, et al., 1989) will assess a participant’s willingness to change her eating behaviors (Dunn, et al., 2003; see pp. 22-24 ). The URICA has 32 items, with 8 items assessing each of the 4 stages of change: Precontemplation, Contemplation, Action, and Maintenance (McConaughy et al., 1989). To assess barriers to treatment, this project follows procedures outlined by Cachelin and Striegel-Moore (2006; see p. 24-27). Participants who reported that they have never sought treatment for an eating problem and those who sought treatment but are now unwilling to seek treatment will be asked to complete 23 items assessing possible barriers to treatment. Example items include: I have not sought treatment for an eating problem because I have not known where to go, and I have not sought treatment for an eating problem because of a lack of finances (Cachelin & Striegel-Moore, 2006). Three blank spaces are left for participants to report any additional barriers not previously listed.

d. Is information on any of the following included? (*check all that apply*):

- |   |  |
|---|--|
| <input type="checkbox"/> Sexual behavior  | <input type="checkbox"/> Drug use/abuse  |
| <input type="checkbox"/> Alcohol use/abuse  | <input type="checkbox"/> Illegal conduct |
| <input type="checkbox"/> Information about the subject that, if it became know outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject’s financial standing or employability. |  |

e. Means of obtaining the information (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Field/Laboratory observation  | <input checked="" type="checkbox"/> In-person interviews/survey (see p. 15 and p. 20)<br>( <i>attach questionnaire/ instrument</i> ) |
| <input type="checkbox"/> Tissue/Blood sampling ( <i>IBC Application must be submitted to Institutional Biosafety Committee</i> ) | <input type="checkbox"/> Telephone interviews/survey<br>( <i>attach questionnaire/ instrument</i> )                                  |
| <input type="checkbox"/> Measurement of motions/actions  | <input type="checkbox"/> On-site survey ( <i>attach questionnaire/ instrument</i> )  |
| <input type="checkbox"/> Use of standard educational tests, etc.   | <input type="checkbox"/> Examine public documents, records, data, etc.   |
| <input type="checkbox"/> Mail survey ( <i>attach questionnaire/instrument</i> )  | <input type="checkbox"/> Examine private documents, records, data, etc.  |
| <input type="checkbox"/> Medical records ( <i>require HIPAA form</i> )   | <input type="checkbox"/> Other means ( <i>specify</i> ):   |

f. Will subjects be (*check all that apply*):

- |   |                                      |                                       |   |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Videotaped   | <input type="checkbox"/> Audio-taped | <input type="checkbox"/> Photographed | <input checked="" type="checkbox"/> N/A |
| <i>(securing an additional signature is recommended on consent/assent/permission forms)</i> |                                      |                                       |   |

Explain how above media will be used, who will transcribe, and how/when destroyed:

n/a

g. Discuss the benefits (does not include payment for participation) of the research, if any, to the human subjects and to scientific knowledge (*if the subjects will not benefit from their participation, so state*):

While participants are not expected to benefit directly from participation, this study may benefit scientific knowledge. This study highlights mental illness in rural communities. Furthermore, exposing the barriers to the treatment of disordered eating, specifically in rural regions, may help professionals tailor existing services to the unique rural culture, and it may help policy makers advocate for an increase in mental health resources for rural communities. Finally, establishing that high antifat attitudes may decrease an individual's motivation to seek treatment may encourage both popular culture and the professional fields to challenge weight-based prejudices.

h. Cite any payment for participation:

Participants will not be financially compensated for participation.

i. Outline, **in detail**, the risks and discomforts, if any, to which the human subjects will be exposed (*Such deleterious effects may be physical, psychological, professional, financial, legal, spiritual, or cultural. As a result, one can never guarantee that there are no risks – use “minimal.” Some research involves violations of normal expectations, rather than risks or discomforts; such violations, if any, should be specified*):

This study does not include deception or violations of normal expectations. Thus, it is not expected that this study will cause significant levels of distress or discomfort for participants. Nevertheless, some items may trigger existing feelings of mild discomfort regarding eating patterns or body images. If these emotions occur, they are expected to be relatively transient and are believed to not cause extended effects.

j. Describe, **in detail**, the means taken to minimize each such deleterious effect or violation:

As a precaution, the debrief forms (see p. 28 and 29) will list the names and numbers of two therapeutic resources (i.e. Counseling and Psychological Services, CAPS; Clinical Psychology Center, CPC) if students need to further process any residual feelings after completing the screener or survey.

## 7. Informed Consent

An informed consent form is usually required, unless subjects remain anonymous or a waiver is otherwise justified below. (*Templates and examples of Informed Consent, Parental Permission, and Child's Assent Forms are available at <http://www.umt.edu/research/irb/irbforms.htm>*).

- A copy of the consent/assent/permission form **must be offered to all subjects**, including parents/guardians of subjects less than 18 years of age (minors).
- Use of minors
  - All minor subjects (under the age of 18) must have written parental or custodial permission.
  - All minors from 10 to 18 years of age are required to give written assent.
  - Assent by minor subjects: All minor subjects are to be given a clear and complete picture of the research they are being asked to engage in, together with its attendant risks and benefits, as their developmental status and competence will allow them to understand.
  - Minors less than 10 years of age and all individuals, regardless of age, with delayed cognitive functioning (or with communication skills that make expressive responses unreliable) will be denied involvement in any research that does not provide a benefit/risk advantage.
    - Good faith efforts must be made to assess the actual level of competence of minor subjects where there is doubt.
    - The Minor Assent Form must be written at a level that can be understood by the minor, and/or read to them at an age-appropriate level in order to secure verbal assent.
- Is a written informed consent form being used?  Yes (*see pp. 11-12 and pp 13-13*)  No (*justify below*)  
To waive the requirement for a written informed consent (ICF), describe your justification:

n/a

- Is a written parental permission form being used?  Yes (attach copy)  No  
(If yes, will likely require minor assent form)
- Is a written minor assent form being used?  Yes (attach copy)  No  
(If yes, will likely require parental permission form)

The Principal Investigator agrees to comply with all requirements of The University of Montana-Missoula IRB, the U.S. Department of Health and Human Services Office of Human Research Protection Guidelines, and NIH Guidelines. The PI agrees to ensure all members of his/her team are familiar with the requirements and risks of this project, and will complete the Human Subject Protection Course available at <http://www.umt.edu/research/irb.htm>.

**Principal Investigator's Statement**

I certify that the statements made in this request are accurate and complete. I also agree to the following:

- If I receive approval for this research project, I agree to inform the IRB in writing of any emergent problems. I further agree not to proceed with the project until the problems have been resolved.
- I will not make any significant procedural changes to procedures involving human subjects without submitting a written amendment to the IRB and will not undertake such changes until the IRB has reviewed and approved them.
- It is my responsibility to ensure that every person working with the human subjects is appropriately trained.
- I will not begin work on the procedures described in this protocol until I receive notice of approval from the IRB.
- I will keep a copy of this protocol (including all consent forms, questionnaires, and recruitment flyers) and all subsequent correspondence.

Signature of Principal Investigator:  Date: 1-7-09

**NOTE:** I AM AWARE that electronic submission of this form from my University email account constitutes my signature.

**Students Only** (students must submit hardcopy of IRB application complete with original signature of faculty supervisor)

Faculty Supervisor: Christine Fiore, PhD Date: 1/7/09

Signature: Christine Fiore

Department: Psychology Phone: X2081 Email: christine.Fiore@umontana.edu

(My signature confirms that I have read the IRB Application and attachments and agree that it accurately represents the planned research, and that I will supervise this research project).

**SUBJECT INFORMATION AND CONSENT FORM FOR SCREENER**

Screening Day, Psychology 100

Rural and Urban Differences in Disordered Eating, Antifat Attitudes, and Barriers to Treatment

Principal Investigator:

Alison C. Pepper, M.A.  
Skaggs Bldg., Office 243  
(406) 243-6514

Faculty Supervisor:

Chris Fiore, Ph.D.  
Skaggs Bldg., Office 362  
(406) 243-2081

The University of Montana  
Missoula, MT 59812

**Special instructions to the potential subject:** This consent form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you.

**Purpose:** The purpose of this study is to assess eating behaviors in college females from rural and urban areas.

**Procedures:** If you agree to take part in this study you will be given a brief screener that asks you about where you live and some symptoms that you may or may not be experiencing. It should take about 5 minutes to complete the survey.

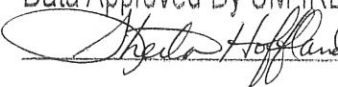
Based on information gleaned from your screener, and any contact information you provide, we may contact you to see if you are interested in completing another short survey. We will only contact you if you give us permission.

**Payment for Participation:** For participating in Screening/Testing Day, you will receive 2 research credits.

**Risks/Discomforts:** Answering the questions in this screener may cause you to feel a range of emotions, some of which may be uncomfortable to you. We will provide contact information for campus resources should you feel the need to further process these emotions.

**Benefits:** Although you may not benefit from taking part in this study, your participation may help researchers better understand disordered eating patterns in college females from rural and urban areas.

**Confidentiality:** Your records will be kept private and will not be released without your consent. Although we ask you to provide your name and contact information, the researcher immediately assigns you a research code. Your name and contact information is then separated from the responses you provided. Your name and contact information, along with your signed consent form, will be stored in one locked file drawer. Your responses will be stored in a different locked

Approval Expires On 1/21/10  
Data Approved By UM-IRB 2/10/09  
 IRB Chair  
Vice



file drawer. This way, your responses are not directly linked to your name. Only the principal investigator, her advisor, and trained research assistants will have access to these records.

**Compensation for Injury:** Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

“In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University’s Claims representative or University Legal Counsel.” (Reviewed by University Legal Counsel, July 6, 1993)

**Voluntary Participation/Withdrawal:** Your decision to take part in this research study is entirely voluntary. You may refuse to participate or you may withdraw from the study at any time without penalty or loss of benefits to which you are normally entitled. You will still receive the 2 research credits if you chose to withdraw from the study.

**Questions:** If you have any questions about this study now or during the study, contact the Principal Investigator or the Faculty Supervisor listed at the phone number on the reverse side of this form. If you have any questions regarding your rights as a research subject, you may contact the Chair of the IRB through The University of Montana Research Office at 243-6670.

**Subject's Statement of Consent:** I have read the above description of this research study. 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 any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

Approval Expires On 1/21/10  
Data Approved By UM-IRB 2/10/09  
*Heula Hoffland* IRB Chair  
Vice

## SUBJECT INFORMATION AND CONSENT FORM FOR SCREENER

Psychology Undergraduates

Rural and Urban Differences in Disordered Eating, Antifat Attitudes, and Barriers to Treatment

Principal Investigator:

Alison C. Pepper, M.A.  
Skaggs Bldg., Office 243  
(406) 243-6514

Faculty Supervisor:

Chris Fiore, Ph.D.  
Skaggs Bldg., Office 362  
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***Special instructions to the potential subject:*** This consent form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you.

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Based on information gleaned from your screener, and any contact information you provide, we may contact you to see if you are interested in completing another short survey. We will only contact you if you give us permission.

***Payment for Participation:*** For participating in this study, you will receive 1 research credit.

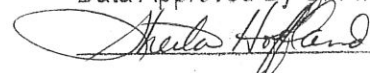
***Risks/Discomforts:*** Answering the questions in this screener may cause you to feel a range of emotions, some of which may be uncomfortable to you. We will provide contact information for campus resources should you feel the need to further process these emotions.

***Benefits:*** Although you may not benefit from taking part in this study, your participation may help researchers better understand disordered eating patterns in college females from rural and urban areas.

***Confidentiality:*** Your records will be kept private and will not be released without your consent. Although we ask you to provide your name and contact information, the researcher immediately assigns you a research code. Your name and contact information is then separated from the responses you provided. Your name and contact information, along with your signed consent form, will be stored in one locked file drawer. Your responses will be stored in a different locked file drawer. This way, your responses are not directly linked to your name. Only the principal investigator, her advisor, and trained research assistants will have access to these records.

Approval Expires On 1/21/10

Data Approved By UM-IRB 2/10/09

 IRB Chair  
Vice

**Compensation for Injury:** Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

“In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University’s Claims representative or University Legal Counsel.” (Reviewed by University Legal Counsel, July 6, 1993)

**Voluntary Participation/Withdrawal:** Your decision to take part in this research study is entirely voluntary. You may refuse to participate or you may withdraw from the study at any time without penalty or loss of benefits to which you are normally entitled. You will still receive the 1 research credit if you chose to withdraw from the study.

**Questions:** If you have any questions about this study now or during the study, contact the Principal Investigator or the Faculty Supervisor listed at the phone number on the reverse side of this form. If you have any questions regarding your rights as a research subject, you may contact the Chair of the IRB through The University of Montana Research Office at 243-6670.

**Subject's Statement of Consent:** I have read the above description of this research study. 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 any future questions I may have will also be answered by a member of the research team. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

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Printed Name of Participant

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Participant’s Signature

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Date

Approval Expires On 1/21/10  
Date Approved By UM-IRB 2/10/09  
Sheila Hoffland IRB Chair  
Vice

Researcher use only:

CODE: \_\_\_\_\_

## SUBJECT INFORMATION AND CONSENT FORM FOR SURVEY

Rural and Urban Differences in Disordered Eating, Antifat Attitudes, and Barriers to Treatment

Principal Investigator:

Alison C. Pepper, M.A.  
Skaggs Bldg., Office 243  
(406) 243-6514

Faculty Supervisor:

Chris Fiore, Ph.D.  
Skaggs Bldg., Office 362  
(406) 243-2081

University of Montana Psychology Department  
Missoula, MT 59812

***Special instructions to the potential subject:*** This consent form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you.

***Purpose:*** The purpose of this study is to assess eating behaviors, attitudes about weight, and beliefs about treatment in college females from rural and urban areas.

***Procedures:*** If you agree to take part in this study you will be given a survey that asks you about some symptoms that you may or may not be experiencing. It should take about 20 minutes to complete the survey.

***Payment for Participation:*** For participating in this study, you will receive 2 research credits.

***Risks/Discomforts:*** Answering the questions in this survey may cause you to feel a range of emotions, some of which may be uncomfortable to you. We will provide contact information for campus resources should you feel the need to further process these emotions.

***Benefits:*** Although you may not benefit from taking part in this study, your participation may help researchers better understand disordered eating patterns in college females from rural and urban areas.


***Confidentiality:*** Your records will be kept private and will not be released without your consent. Your responses will be stored in a locked file drawer and will not be directly linked to your identity. Only the principal investigator, her advisor, and trained research assistants will have access to these records.

***Compensation for Injury:*** Although we believe that the risk of taking part in this study is minimal, the following liability statement is required in all University of Montana consent forms:

“In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its

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Vice

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Printed Name of Participant

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Participant's Signature

---

Date

Approval Expires On 1/21/10  
Data Approved By UM-IRB 2/10/09  
Sheila Hoffman IRB Chair  
Vice