**SOCI 4990**

**Family Burden Survey**

**INFORMED CONSENT DOCUMENT FOR AN ANONYMOUS SURVEY**

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Project Title: The Burden of Families Living With a Mentally Disabled Relative

Expected Duration: This survey should take 10 MINUTES to complete.

**Purpose and Background**: You are invited to participate in a study of family burden. I am conducting this research because of my interest in this area, and as part of my Senior Capstone Project in Sociology, which is a requirement for graduation from UVaWise. I am examining how the family network is affected when living with a mentally disabled relative. This topic will be examined using a narrative analysis, a descriptive analysis, and a socio-historical analysis.This proposal has been reviewed using the Federal regulations governing research with human subjects and has been determined to pose little or no risk or harm to you.

**Procedures**: If you decide to participate, I Sample Student will ask if you would like to **volunteer** to take this anonymous survey. Please do not write your name anywhere on the survey. This is an anonymous survey. If you agree, I will give you the survey to fill out. Upon completion, I will put your survey in an envelope with other anonymous surveys. I will not examine any surveys until I have at least five. I will hand out the surveys and then read over this consent for and the directions to the survey. Then I will remain in the room for questions if needed. The survey will be collected as completed and placed directly into an envelope.

**Risks/Discomforts**: There are no measurable potential risks or discomforts involved in this survey other than the possibility of anxiety caused by the survey questions. If you do not want to answer questions about family burden and mental illness, you can quit now or **at any time**. The survey is expected to take about 10 MINUTES. In the unlikely event that participating in this research project should cause you undue duress or a need to talk with a professional about personal issues that have arisen as a direct result of participating in this study, please feel free to contact the faculty member associated with this study. The faculty member can give you a list of counseling services available in your area, should you need help in locating such services.

 **Benefits**: There may be no direct benefit to you from participating in this study. However, the information that I provide may help health professionals better understand how the family network is affected while living with a mentally disabled relative. Assist family network living with a mentally disabled

**Confidentiality**: There can be no information that is identified with you since the survey is anonymous. The only information that will be released regarding the surveys is an analysis of the answers on all of the surveys. The answers will be compiled into one statistical analysis and presented to faculty and students of UVaWise. No names will, or can, be mentioned since this is an anonymous survey. After the surveys have been examined, the envelopes containing the consent forms and signatures will be destroyed.

**Costs**: There are no costs to the Participant

**Payment**: The Participant will receive no payment for participation

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**Consent**: Participation in research is voluntary. You are free to decline to be in this study, or to withdraw from it at any point. Your decision as to whether or not to participate in this study will have no influence on your present or future status as a student of UVa-Wise. You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time after signing this form should you choose to discontinue participation in this study. You will be offered a copy of this form to keep.

**Questions**: If you have questions, please ask. If you have any additional questions later, I, Sample Student will be happy to answer them. If for some reason you do not wish to do this, you may contact the Faculty Supervisor or the Chair of the HIC, as listed above.

The Researcher, Sample Student has read the Informed Consent Document for an Anonymous Survey to me, and I voluntarily agree to participate in the research. I understand that I can withdraw at anytime for any reason.

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 Signature Date

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 Signature of Investigator Date

**Family Burden**

This survey is being conducted to better the understanding of how the family network is affected while living with a mentally disabled relative. This survey is being distributed to families who are currently living with a mentally disabled relative. This survey is completely anonymous.

1. What is your sex? □ male □ female
2. What is your marital status? □ single □ married □ divorced □ widowed □ separated
3. What is your income? □ 0-$30,000 □ $30,001- $60,000 □ $60,001-$90,000 □$90,001 or higher

**For the following questions please select a letter that corresponds with your answer and mark it in the line next to each question.**

1. **Very Good  (B) Good  (C) Acceptable  (D) Poor  (E) Very Poor**

\_\_\_\_ 4. How What would you rate your quality of life on a day to day basis? Or change to an ‘I’ statement.

\_\_\_\_ 5. What would you rate your satisfaction with life on a day to day basis? Are 4 & 5 looking at the same thing? If so, put them in different locations on the survey. Or eliminate one.

\_\_\_\_ 6. What would you rate your household life on a day to day basis?

\_\_\_\_ 7. What would you rate your work life on a day to day basis?

\_\_\_\_ 8. What would you rate your social life on a day to day basis?

**For the following questions please select a letter that corresponds with your answer and mark it in the line next to each question.**

1. **Always  (B) Very Often  (C) Sometimes  (D) Rarely  (E) Never**

\_\_\_\_ 9. How often do you find yourself emotionally distressed during a “normal” day? I statements

\_\_\_\_ 10. How often do you see non-traditional behavioral differences in your family members? I would not know how to answer this. I do not know what it means.

\_\_\_\_ 11. How often do you get the social support you need?

\_\_\_\_ 12. How often do you get the emotional support you need?

\_\_\_\_ 13. Do you feel hopeless?

\_\_\_\_ 14. How often do you have trouble concentrating on simple things, such as conversations or reading?

\_\_\_\_ 15. Do you feel bad about yourself?

\_\_\_\_ 16. Do you think that you are/were a failure to your family?

\_\_\_\_ 17. Do you feel like you have let your family or close friends down?

\_\_\_\_ 18. How often do you find yourself emotionally drained?

\_\_\_\_ 19. How often do you reach out to local community/family members?

\_\_\_\_ 20. Do you find yourself showing similar symptoms as your family members?

\_\_\_\_ 21. Do you find yourself showing the same symptoms as your family members? I think by symptoms you probably mean symptoms of suffering from caring/not caring for the disable family member, but this is not at all clear.

\_\_\_\_ 22. How often does your family fall behind in household chores?

\_\_\_\_ 23. Do you feel like your life is consumed by ciaos?

\_\_\_\_ 24. Do you feel a sense of pain while being with your family members?

\_\_\_\_ 25. Do you feel depressed?

\_\_\_\_ 26. Is it difficult to cheer you up?

\_\_\_\_ 27. When you are away from your daily schedule are you happier?

\_\_\_\_ 28. When away from your family for a short period of time is there a sense of relief?

\_\_\_\_ 29. When away from your family for a long period of time is there a sense of relief?

\_\_\_\_ 30. When on vacation are you still unhappy during that period of time?

You might have some questions that focus on the positive.

Don’t people get some reward from caring for the disabled? Aren’t there good times? Hopefully they might report feeling happy sometimes. Etc.

Over all, you are off to a great start!