**The College of Mount St. Joseph, Department of Psychology**

**Consent Form**

**TITLE OF PROJECT:** The Schizophrenia Oral History Project

**PRINCIPAL INVESTIGATORS:** Tracy A. McDonough, PhD (513-244-4939), Lynda Crane, PhD (513-244-4540), Tara McLendon (859-572-1920), and Holly Riffe (859-572-5609)

**DESCRIPTION OF STUDY:** The purpose of this project is to record the life stories of people living with schizophrenia. In this project, you will be asked to talk about your life. You might want to talk about medical issues, your family, hopes for the future, the things you enjoy doing or many other things. It’s up to you. What would you most like others to know about your life? You will sign this consent form, and then talk to us. That’s all. We will record your story to be sure we get it exactly as you tell it. You may want us to include your photograph, but that is also your choice. You can take as long as you want to tell your story, but it usually doesn’t take more than an hour.

**IMPORTANT: You don’t have to do this, and if you start, you can stop at any time. If you do decide to stop, you don’t lose any services or other benefits. If you are receiving services from an agency or support group, you will continue to receive those services whether or not you tell your story to us.**

I want to tell my story in this project: *The Schizophrenia Oral History Project*. I, as a participant, will be asked to verbally share the story of my life and my experience of living with Schizophrenia. I realize that some of the discussion may be personal in nature; however, it is up to me what I choose to talk about and how long I talk.

I agree to have my story recorded. I understand that I can choose to stop talking and change my mind about taking part in this project at any time during the sharing of my story.

I understand that any specific details about third parties that I share (names, places, etc.) will be altered so that those identities will not be revealed in any publication or document resulting from this project; however, non-third party identifying portions of my story may be either played and/or shared in written form in a public spoken presentation or in published forms.

Once I tell my story, I agree that the recordings become the property of the interviewers and they may be used in presentations and publications. I realize that I will not receive any direct benefits from participating in this project. I am donating my story to the project, and I will not have any rights to money or other benefits from publications or presentations of the stories.

Finally, I understand that reasonable steps have been taken to minimize both the known and the possible but unknown risks related to participating in this project. One possible risk is that I might be troubled by what I talk about; however, I know that it is up to me what I choose to talk about and that I may stop at any time, so I have the ability to avoid this risk altogether if I want to. If I have any questions about this project, I may contact the Principal Investigators listed above.

I consent to volunteer to be a participant in this project to be directed by the researchers listed above. The nature and general purpose of the procedure and any known risks involved have been explained to me.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant Date

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Investigator Date

*Note: Both the participant and the investigator should keep a copy of this form. All signed forms will be kept in locked files in a locked office of one of the researchers.*