

Stroop Study
Consent Form

The members of the Psychology 202 (Statistics and Experimental Methods I) class invite you to participate in a study about processing visual information. Should you be interested in participation, you will engage in a computer task that measures what is known as the Stroop effect. In addition, you will respond to several demographic questions. It is expected that this study will take approximately 30 minutes of your time.

There are no known risks to you as a participant in this study. However, if you feel any discomfort during your participation, you may withdraw from the study at any time without penalty.

There are some benefits to you for participating in this study. You may learn something about the research experimentation process in psychology. You will also learn about the automatic nature of cognitive processing.

Every effort will be made to maintain the confidentiality and anonymity of your answers. All records of this study will be kept private and in a safe location. We will not know who provided the information because no information will be included that would make it possible to identify you as a participant. At no time will your name be associated with the data.

Your decision whether or not to participate will not affect your current or future relations with Jamestown College or with the Psychology Department. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

If you have any questions, you may ask them now. If you have any questions at a later time, you may contact Dr. Mary Devitt (Research Advisor) at 252-3467, x 2604, or by email (mdevitt@jc.edu).

By signing this form, I understand that participation is voluntary and that I will not be penalized if I choose not to participate. I also understand that I can withdraw from the study at any time without penalty. I also verify that I am at least 18 years of age and that I am not color-blind.

I understand that I am making a decision of whether or not to participate in this study. My signature indicates that I have agreed to participate and have been given the opportunity to ask questions.

I have read and fully understand the consent form. I sign it freely and voluntarily.

Name (please print legibly) _____

Signature _____ Date _____

Investigator's Signature _____ Date _____