INFORMATION

This interview is being conducted as a class research project for Grief in a Family Context, a course offered by Indiana University. You will be interviewed by a student in this class, at a location comfortable to you, where you will be asked a series of questions about grief in your culture.

If it is acceptable to you, your interview will be audio taped. These tapes will be erased after the interview has been written up. The interview will take approximately 30 minutes to one hour to complete and you may choose to terminate the interview at any point.

RISKS
There are no foreseeable risks associated with this research.

BENEFITS
You will benefit by having an opportunity to talk about their culture with an interested party. You will also be making a contribution to knowledge of different ways of moving through the grief process.

CONFIDENTIALITY

Grief in a Family Context is an internet-based class and is offered over the World Wide Web. The write-up of the interview will be posted to the course website, at http://www.indiana.edu/~familygrf. Your interview will be posted to a secured course location unless you give permission for it to be posted to the public website. Pseudonyms will be used and characteristics that might allow identification of individuals will be modified before any postings.

CONTACT

If you have questions at any time about the study or the procedures, you may contact the course professor, Kathleen Gilbert, at the Department of Applied Health Science, Poplars 619, Indiana University, Bloomington, IN 47405, USA, 1-812-855-5209, or gilbertk@indiana.edu.

Subjects initials ___
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the office for the Indiana University Bloomington Human Subjects Committee, Carmichael Center L03, 530 E. Kirkwood Ave., Bloomington, IN 47408, 812/855-3067, or by e-mail at iub_hsc@indiana.edu.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

CONSENT

If you agree that your interview maybe posted to the public website, please sign your name here. You will be given a copy of this form for your records.

Subject signature ____________________________ Date ______________________

Form date: July 18, 2005

IRB Approved
Approval Date: JUL 18 2005
Expires:  DEC 9-0 2009

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