FORM M

MEDICATION MANAGEMENT CONSENT FORM

I, ________________________________, agree to participate in the research titled, *Medication Management*, conducted by Drs. Mary Ann Johnson and Tommy Johnson from the Department of Foods and Nutrition and College of Pharmacy at the University of Georgia. I understand that I do not have to take part if I do not want to. I can stop taking part without giving any reason and without penalty. I can ask to have all of the information about me returned to me, removed from the research records, or destroyed. My decision to participate will not affect the services that I receive at the Senior Center.

The reason for this study is to test education programs about medication management to find out if older adults benefit from them.

If I volunteer to take part in this study, I will be asked to do these things:

1) **Fill out a list of my medications, doctor(s), pharmacist(s), allergies, and medical conditions. This will take up to 30 minutes. A copy of this list will be made for me and the interviewer so we can learn more about the medications older adults take.**
2) **Answer questions about my food, nutrition, health and medications. This will take up to 30 minutes.**
3) **Listen to two education programs about how to safely take and store my medications. Each program will last up to 30 minutes.**
4) **This entire program will take between two and four sessions, each lasting up to 30 minutes.**

An interviewer will help me fill out the list of my medications and answer questions about the medications I take. The benefits for me are that the education programs may help me help me to manage my medications better which will help me improve my health.

No risk is expected, however I may experience some discomfort or stress when the researchers ask me questions about my food, nutrition, health and medications.

No information about me, or provided by me, during the research will be shared with others without my written permission, except if it is necessary to protect my welfare (for example, if I need physician care) or if required by law. I may choose not to answer any question or questions that may make me uncomfortable. I will be assigned an identifying number and this number will be used on all of the questionnaires I complete. Data will be stored in locked file cabinets under the supervision of Dr. Mary Ann

Johnson at the University of Georgia. Only the staff involved in the study will have access to these data and only for the purpose of data analyses and interpretation of results. The data will be destroyed within 10 years.

The investigator will answer any further questions about the research, now or during the course of the project (Mrs. Nikki Hawthorne or Ms. Susan Stone: 706-542-4838).

I will allow the staff to take my picture, videotape or record me on audiotape while participating in the study. I can verbally refuse at anytime and my wishes will be upheld. My pictures will only be used to promote this education program.

- **I will allow the staff to take my picture. Circle one: YES / NO. Initial _____.**
- **I will allow the staff to videotape me. Circle one: YES / NO. Initial _____.**
- **I will allow the staff to record me on audiotape. Circle one: YES / NO. Initial _____.**

I will allow a copy of my medication list to be sent to my health care professional. Circle one: YES / NO. Initial _____.

I will sign two copies of this form. I understand that I am agreeing by my signature on this form to take part in this research project and understand that I will receive a signed copy of this consent form for my records.

________________________ ________ ________________________ ________
Signature of Participant Date Print Participants' Name Date

____
Address

____
Phone Number

________________________ ________ ___Mary Ann Johnson__ _________
Signature of Investigator Date Print Investigator's Name Date

Questions or problems regarding your rights as a participant should be addressed to Dr. Christina Joseph; Institutional Review Board; Office of V.P. for Research; The University of Georgia; 606 Boyd Graduate Studies Research Center; Athens, GA 30602-7411; Telephone 706-542-6514.

Revised: 01/31/03 DHR IRB # 010904 UGA IRB # 2002-10058-1
Funding: Northeast Georgia Regional Development Center and Area Agency on Aging
UGA Proposal #023302-01; UGA Acct #: 10-31-RE581-327