

# Screener

Please answer the question below.

- 
- 1) Are you between the ages 18-65 years old?  Yes  
 No
- 
- 2) Are you a citizen or resident of the United States?  Yes  
 No

# Consent Form

Please read the consent form below.

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## CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY

STUDY TITLE: Self-Reported Physical Manifestations of Stress in the General Population

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This study is supported by departmental funds associated with the Department of Communication Science and Disorders at the University of Pittsburgh.

Why is this research being done?

We are interested in learning more about how individuals experience stress and about stress's impacts on different regions of the body.

Who is being asked to take part in this research study?

You are invited to participate in this study because you are either a citizen or resident of the United States between the ages of 18 and 65 who has indicated interest. We will enroll up to 1,000 individuals in this study.

What procedures will be performed for research purposes?

If you are eligible and decide to take part in this research study, you will undergo the following procedures. All procedures will take place via the survey software RedCap.

Experimental Procedures:

You will begin by filling out a questionnaire that asks about you and your demographic information. You will then be asked to list any medical conditions or diagnoses that you currently have or suspect that you have. You will next be asked to identify areas (referencing an illustrated map of the human body divided into regions) that you feel are impacted when you are under stress. For each body region that you select, you will be asked a series of questions about the symptoms you experience in that area as a result of stress, the severity of symptoms, and any medical diagnoses/conditions that impact that area. Finally, you will be prompted to fill out two surveys: The Perceived Stress Scale and the Childhood Trauma Questionnaire. Both of these will ask you a series of questions about your general stress levels and past experiences. These procedures will take about five minutes to complete. It is possible that the survey may take you longer than five minutes if you experience stress in numerous regions of your body. You are permitted to stop the research procedures at any time and withdraw from the study. If you are invited, and are both willing and able, you may have the option to take further part in this research at a later date.

Will I be compensated if I take part in this research study?

Upon completion of this survey, you will be eligible for the opportunity to receive an iPad. Eligibility for this opportunity will require you to provide an email address. You may also choose to participate in this study as a volunteer, in which case you may voluntarily provide your email address to be contacted for further research, or participate anonymously.

Will this research study involve the use or disclosure of my identifiable information?

Your identifiable information will not be used as a part of the study; only your responses to questions will be used. When data is exported from the survey software, your email address will be kept separate from your answers. Your email address will only be used for the purposes to which you consent (eligibility for the opportunity to receive an iPad or to be contacted for future studies).

Will this research study involve the use or disclosure of my identifiable medical information?

Volunteering identifiable information is not necessary in order for you to participate in this study. All email addresses given will be kept confidential in the manner noted above. The medical information you provide will be kept separate from your email address when data is exported from RedCap.

Who will have access to identifiable information related to my participation in this research study?

The investigator listed on the first page of this authorization (consent) form and their trained research staff will have access to your email address only for the purposes to which you consent (eligibility for the opportunity to receive an iPad or to be contacted for future studies). In the scenarios listed below, we are obligated to release information, which may include identifiable information:

Authorized representatives of the University of Pittsburgh Office of Research Protections may review your identifiable research information for the purpose of monitoring the appropriate conduct of this research study.

In unusual cases, the investigators may be required to release identifiable information to your participation in this research study in response to an order from a court of law. If the investigators learn that you or someone with whom you are involved is in serious danger or potential harm, they will need to inform the appropriate agencies, as required by Pennsylvania law.

Additionally, your de-identified data may be shared in the future with other investigators. The data shared will not contain any information that will allow other investigators to identify you.

For how long will the investigators be permitted to use and disclose identifiable information related to my participation in this research study?

The investigators may continue to use and disclose, for the purposes described above, identifiable information related to your participation in this research study for a minimum of seven years after final reporting or publication of a project.

What are the possible risks, side effects, and discomforts of this research study?

There are no possible risks or side effects associated with participation in this study.

What are possible benefits from taking part in this study?

You will receive no direct benefit from taking part in this research study, however you may find that answering questions about how stress manifests in your body brings you greater self-awareness of your response to stress, which you may view as a benefit. Some people find that understanding how their stress impacts their body can help them to better manage symptoms. Furthermore, this study will contribute to a greater body of work dedicated to understanding the physical manifestations of stress.

Who will know about my participation in this research study?

Any information about you obtained from this study will be kept as confidential (private) as possible. All records related to your involvement in this research study will be stored on encrypted and secured servers. Your identity on these records will be indicated by a subject ID rather than by your name, and the information linking subject IDs with your identity be kept separate from the research records. You will not be identified by name in any publication of the research results.

Is my participation in this research study voluntary?

Your participation in this research study is completely voluntary. Whether or not you provide your consent for participation in this research study will have no effect on your current or future relationship with the University of Pittsburgh.

May I withdraw, at a future date, my consent for participation in this research study?

You may withdraw, at any time and for any reason, your consent for participation in this research study. Any identifiable research recorded for, or resulting from, your participation in this research study prior to the time that you formally withdrew your consent may continue to be used and disclosed by the investigators for the purposes described above. To formally withdraw your consent for those data to be used, you should provide a written request to [helou\\_lab@groups.pitt.edu](mailto:helou_lab@groups.pitt.edu).

Your decision to withdraw your consent for participation in this research study will have no effect on your current or future relationship with the University of Pittsburgh.

Who can I contact if I have questions about this research study?

If you have any questions about your rights as a research subject, please contact the Human Subjects Protection Advocate at the University of Pittsburgh IRB Office, 1.866.212.2668. Authorized representatives from the University of Pittsburgh Office of Research Protections may review your data solely for the purpose of monitoring the conduct of this study. If you have any additional questions about the study, please email them to [helou\\_lab@groups.pitt.edu](mailto:helou_lab@groups.pitt.edu).

What can I do if I no longer want to participate?

You may discontinue participation in this study at any time by closing your web browser and discontinuing your engagement in the experimental activities. If you choose to discontinue, data already collected from your responses will be used in our analysis. If you discontinue your participation before finishing the survey, you will not be eligible to win the aforementioned iPad. You may be withdrawn from the study without your consent if your responses are indicative of carelessness, poor engagement, or not following the instructions.

Will my responses be shared with anyone?

The survey feedback may be published, but without any link to your identifying information. Any results published in this study will remain anonymous.

#### VOLUNTARY CONSENT FOR EXPERIMENTS

I have thoroughly read and understood the above information. I understand that I am encouraged to ask questions about any aspect of this research study during the course of this study, and that such future questions will be answered by a qualified individual or by the investigator(s) listed on the first page of this consent document at the email address given. I understand that I may always request that my questions, concerns or complaints be addressed by a listed investigator by email.

I understand that I may contact the Human Subjects Protection Advocate of the IRB Office, University of Pittsburgh (1-866-212-2668) to discuss problems, concerns, and questions; obtain information; offer input; or discuss situations that have occurred during my participation.

- 
- 3) I have read, understood, and consent to participate in this research study.  Yes  
 No

# Personal Background Information

Please fill out the questions below.

- 
- 4) What is your age? \_\_\_\_\_
- 
- 5) What is your race/ethnicity?
- White
  - Hispanic and/or Latinx
  - Black or African American
  - Asian
  - Native American or Alaska Native
  - Native Hawaiians and Other Pacific Islanders
  - Other
  - Prefer not to say
- (Check all that apply)
- 
- 6) What is your sex?
- Male
  - Female
  - Intersex/other
- (Select your assigned sex at birth)
- 
- 7) What is your gender?
- \_\_\_\_\_
- (Please enter your gender identity)
- 
- 8) What is your socio-economic status?
- I don't know
  - Upper Class
  - Upper-Middle Class
  - Middle Class
  - Working Class
  - Lower Class
  - I prefer not to say
- 
- 9) I spent my childhood and youth mostly/primarily in a(n) \_\_\_\_ area.
- rural
  - urban
  - suburban
  - other
  - Prefer not to say
- 
- 10) I currently live mostly/primarily in a(n) \_\_\_\_ area.
- rural
  - urban
  - suburban
  - other
  - Prefer not to say
- 
- 11) What is your highest level of education obtained?
- No high school education
  - Some high school education
  - High school diploma
  - Some college
  - Associate's degree
  - Trade or technical certificate
  - Bachelor's degree
  - Master's degree
  - Doctoral/terminal degree
  - Prefer not to say

# Medical Information

Please complete the survey below.

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12) Please list all current medical conditions that have been diagnosed by a medical professional.

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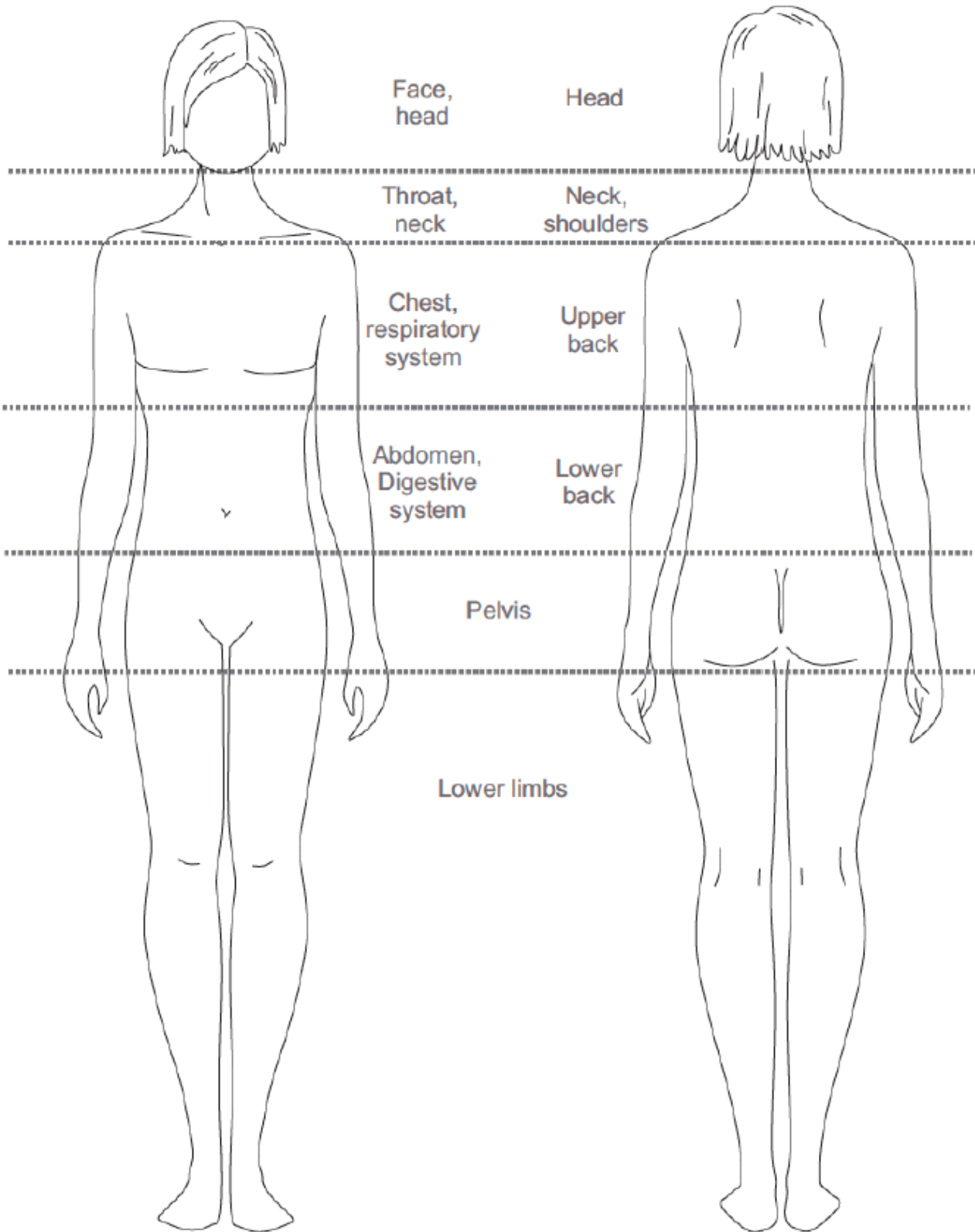
13) Please list any diagnoses you suspect you might have, but that have not been diagnosed by a medical professional.

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# Body Map

Please use the picture below to answer the following questions.

Below is a figure of the human body divided into sections.





- 14) We are interested in how different people physically experience or feel stress. Everybody has a different physical reaction to feelings of stress, and sometimes they can identify a specific part of their body that responds more than others. For example, some people experience headaches due to stress, while others get an upset stomach, etc. Some people have more problem areas than others.

Please mark all of the sections that you have physically experienced stress in the past year (e.g., when I am stressed I get an upset stomach). Choose as many or as few as you'd like.

- Face
- Head
- Throat and front of neck
- Back of neck and shoulders
- Chest and respiratory system
- Upper back
- Abdomen and digestive system
- Lower back
- Pelvis
- Forearms and hands
- Legs and lower limbs
- Skin
- Emotional
- Other
- I don't experience or feel stress in my body  
(Select as many areas where you experiences symptoms when you are stressed)

# Face

Please complete the survey below.

---

You indicated that you experience stress symptoms in your face. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

On a scale of mild to severe, what is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Head

Please complete the survey below.

---

You indicated that you experience stress symptoms in your head. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild  
  
  
 Moderate  
  
  
 Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No  
 Yes  
 I don't know
- 

Please list relevant medical diagnoses.

---

# Front of Neck/Throat

Please complete the survey below.

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You indicated that you experience stress symptoms in the front of your neck and throat. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

## Back of Neck and Shoulders

Please complete the survey below.

---

You indicated that you experience stress symptoms in the back of your neck and shoulders. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
  - 
  - 
  - 
  - Moderate
  - 
  - 
  - Severe
- 

Have you seen a medical professional in the past year for the symptoms described above?

- No
  - Yes
  - I don't know
- 

Please list relevant medical diagnoses.

---

# Chest/Respiratory System

Please complete the survey below.

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You indicated that you experience stress symptoms in your chest and/or respiratory system. Please tell us more information.

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Please list symptoms you experience in this area during stress.

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---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Upper Back

Please complete the survey below.

---

You indicated that you experience stress symptoms in your upper back. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

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On a scale of mild to severe, how severe is the impact of stress and/or heightened emotions on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Abdomen/Digestive System

Please complete the survey below.

---

You indicated that you experience stress symptoms in your abdomen and/or digestive system. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

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---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---



# Lower Back

Please complete the survey below.

---

You indicated that you experience stress symptoms in your lower back. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Pelvis

Please complete the survey below.

---

You indicated that you experience stress symptoms in your pelvis. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Forearms/Hands

Please complete the survey below.

---

You indicated that you experience stress symptoms in your forearms and/or hands. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Legs and Lower Limbs

Please complete the survey below.

---

You indicated that you experience stress symptoms in your legs and lower limbs. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Skin

Please complete the survey below.

---

You indicated that you experience stress symptoms in/on your skin. Please tell us more information.

---

Please list symptoms you experience in this area during stress.

---

On a scale of mild to severe, how severe is the impact of stress on this area?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

# Emotion

Please complete the survey below.

---

You indicated that you experience emotionally expressive stress symptoms. Please tell us more information.

---

Please list emotional symptoms you experience during stress.

---

---

On a scale of mild to severe, how severe is the impact of your emotional response to stress?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

## Other Areas and Symptoms

Please complete the survey below.

---

You indicated that you experience symptoms of stress in a physical way not specifically listed on this survey. Please tell us more information.

---

In what other area(s) of your body do you experience physical symptoms of stress?

---

---

Please list symptoms you experience in this/these area(s) during stress.

---

---

On a scale of mild to severe, how severe is the impact of stress on this/these area(s)?

- Mild
- 
- 
- 
- Moderate
- 
- 
- Severe

---

Have you seen a medical professional in the past year for the symptoms described above?

- No
- Yes
- I don't know

---

Please list relevant medical diagnoses.

---

Please complete the survey below.

- 
- 72) In the last month, how often have you been upset because of something that happened unexpectedly?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 73) In the last month, how often have you felt that you were unable to control the important things in your life?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 74) In the last month, how often have you felt nervous and "stressed"?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 75) In the last month, how often have you felt confident about your ability to handle your personal problems?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 76) In the last month, how often have you felt that things were going your way?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 77) In the last month, how often have you found that you could not cope with all the things that you had to do?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 78) In the last month, how often have you been able to control irritations in your life?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 79) In the last month, how often have you felt that you were on top of things?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- 
- 80) In the last month, how often have you been angered because of things that were outside of your control?
- Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often



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81) In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

# Childhood Trauma Questionnaire

Please complete the survey below.

Thank you!

---

**CONTENT/TRIGGER WARNING:** The following questions ask about your personal history of child abuse and neglect. Don't feel as though you must complete this section - be kind to yourself and select the "skip" option if you need to (there's one last page in the survey after this one). We will still be able to use the other information you share, and you'll still have the opportunity to receive compensation for your participation. However, if you are willing and able to share your past experiences, it will help support our research into the long-term physical effects of childhood trauma.

- Continue (all questions must be completed to be used)
- Skip, I experienced childhood trauma but don't want to share it today
- Skip, I did not experience childhood trauma but don't want to answer the questions below

---

**Instructions:** These questions ask about some of your experiences growing up as a child and a teenager. For each question, select the option that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can. Your answers will be kept confidential.

---

When I was growing up,...

- 
- |       |   |  |
|-------|---|--|
| 1     | I didn't have enough to eat.  | <input type="radio"/> Never true<br><input type="radio"/> Rarely true<br><input type="radio"/> Sometimes true<br><input type="radio"/> Often true<br><input type="radio"/> Very often true |
| <hr/> |   |  |
| 2     | I knew there was someone to take care of me and protect me.             | <input type="radio"/> Never true<br><input type="radio"/> Rarely true<br><input type="radio"/> Sometimes true<br><input type="radio"/> Often true<br><input type="radio"/> Very often true |
| <hr/> |   |  |
| 3     | People in my family called me things like "stupid", "lazy", or "ugly."  | <input type="radio"/> Never true<br><input type="radio"/> Rarely true<br><input type="radio"/> Sometimes true<br><input type="radio"/> Often true<br><input type="radio"/> Very often true |
| <hr/> |   |  |
| 4     | My parents were too drunk or high to take care of the family.           | <input type="radio"/> Never true<br><input type="radio"/> Rarely true<br><input type="radio"/> Sometimes true<br><input type="radio"/> Often true<br><input type="radio"/> Very often true |
| <hr/> |   |  |
| 5     | There was someone in my family who helped me feel important or special. | <input type="radio"/> Never true<br><input type="radio"/> Rarely true<br><input type="radio"/> Sometimes true<br><input type="radio"/> Often true<br><input type="radio"/> Very often true |
| <hr/> |   |  |
| 6     | I had to wear dirty clothes.  | <input type="radio"/> Never true<br><input type="radio"/> Rarely true<br><input type="radio"/> Sometimes true<br><input type="radio"/> Often true<br><input type="radio"/> Very often true |

- 
- 7 I felt loved.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 8 I thought that my parents wished I had never been born.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 9 I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 10 There was nothing I wanted to change about my family.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 11 People in my family hit me so hard that it left me with bruises or marks.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 12 I was punished with a belt, a board, a cord, or some other hard object.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 13 People in my family looked out for each other.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 14 People in my family said hurtful or insulting things to me.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 15 I believe that I was physically abused.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true
- 
- 16 I had the perfect childhood.
- Never true
  - Rarely true
  - Sometimes true
  - Often true
  - Very often true

- 
- 17 I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 18 I felt that someone in my family hated me.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 19 People in my family felt close to each other.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 20 Someone tried to touch me in a sexual way, or tried to make me touch them.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 21 Someone threatened to hurt me or tell lies about me unless I did something sexual with them.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 22 I had the best family in the world.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 23 Someone tried to make me do sexual things or watch sexual things.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
24. Someone molested me.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 25 I believe that I was emotionally abused.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true
- 
- 26 There was someone to take me to the doctor if I needed it.
- Never true  
 Rarely true  
 Sometimes true  
 Often true  
 Very often true

---

27 I believe that I was sexually abused.

- Never true
- Rarely true
- Sometimes true
- Often true
- Very often true

---

28 My family was a source of strength and support.

- Never true
- Rarely true
- Sometimes true
- Often true
- Very often true

# Final Thoughts

Please complete the survey below.

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111) We recognize that some physical symptoms of stress may be difficult to categorize or define, and that others may have been difficult to recall while you were taking this survey. Is there anything else about your physical experience of stress that you feel you were not able to share or forgot to mention on previous pages? If so, feel free to use this space to describe these stress symptoms, where they occur, and any medical diagnoses that you associate with these symptoms.

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112) Is there anything else related to your medical history or status that you think might be relevant to share? \_\_\_\_\_

# Laryngeal Response

Please complete the survey below.

Thank you!

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Some people find that stress has an impact on their larynx (their voice box) or causes changes in their voice. These symptoms might appear in the way it feels to use your voice, or the way your voice sounds, changes in how it feels to swallow, or other sensations in your throat. Do you have any of these symptoms when you are stressed?

- Yes
- No

---

How would you characterize these symptoms?

- how it feels to use my voice
- what my voice sounds like
- changes in my swallowing
- lump or other sensation in my throat

---

How does your voice FEEL different when you are stressed?

---

---

How does your voice SOUND different when you are stressed?

---

---

Please describe the changes in your swallowing that you notice when you are stressed.

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What other THROAT SENSATIONS do you feel when you are stressed?

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# Notification of Ineligibility

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Thank you for your interest in participating in our research study. Unfortunately, you are not eligible to participate at this time. If you have questions, please email them to [helou\\_laboratory@groups.pitt.edu](mailto:helou_laboratory@groups.pitt.edu).



# You Did Not Consent

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Thank you for taking the time to look into our research study. Since you have chosen to not consent to participate, you are ineligible to participate. If you have questions about the research study, please email us at [helou\\_laboratory@groups.pitt.edu](mailto:helou_laboratory@groups.pitt.edu).

## Contact Info (Optional)

Please complete the survey below.

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Thank you for completing our survey! To thank you for your time, we would like to offer the opportunity to receive an iPad. In order to be entered, you will need to provide your email address. You may also elect to forego compensation (no email address needed for this option). How would you like to be compensated for your time today?

- Opportunity to receive an iPad  
 No compensation necessary - I am happy to donate my time to research.

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Can we contact you for future studies?

- Yes  
 No

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To be eligible for the opportunity to receive an iPad and/or to be contacted for further research, please enter your email address. The email address you provide will only be used for the purposes you consented to on this page.

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If you are completing this survey through Survey Circle, your completion code is 2WJH-APXR-57CZ-4C48