

**We are asking you to participate in a research study. This form is designed to give you information about this study. We will describe this study to you and answer any of your questions.**

**Project Title:** Evaluation of StopPests

**Principal Investigator:** Keoki Hansen  
Cornell University, Northeastern IPM Center  
[stoppests@cornell.edu](mailto:stoppests@cornell.edu)  
607-254-8990

### **What the study is about**

The purpose of this research is to assess if the StopPests program being implemented within your housing development decreases the presences of pests and decreases the incidence of asthma for residents living within the housing units.

### **What we will ask you to do**

We will ask you to complete a survey before we implement the StopPests program and then again in twelve months. The survey will ask you about the presence of pests within your housing unit and any asthma symptoms you experience or others living in your housing unit experience. The survey will not take more than ten minutes.

### **Risks and discomforts**

We believe the risks to completing this survey are minimal. There may be some discomfort discussing the pests in your housing unit. There may also be some discomfort discussing asthma symptoms.

### **Benefits**

A benefit for participation in this research will an opportunity to report issues with pests within your units and influence the quality of upkeep and care in your unit and the housing development as a whole.

A benefit of this research to society as a whole is this the first known study of the StopPests program and asthma. Previous research has shown a relationship between occurrence and severity of asthma and the presence of rodents and cockroaches within a home. However, research regarding the implementation of the StopPests program and the effect on asthma has not yet been conducted. This study will provide both the filed of pest management and the asthma field with critical preliminary data on the effect of the StopPests program on asthma. If we find a relationship between the two, the positive impacts on society will be significant because it will provide the health care field with another effective tool for fighting the growing asthma crisis.

### **Payment for participation**

There is no payment for taking part in the study.

### **Privacy/Confidentiality**

The surveys will be stored in a secure office in the housing development until the surveys administration is completed. This process will take about one to two months. The surveys will then be sent to the NEIPM Center for data entry. The surveys will be stored at the NEIPM Center in a locked cabinet and the data will be entered and stored in a secure external hard drive.

### **Taking part is voluntary**

Participation in this survey is voluntary, you may refuse to participate before the study begins, discontinue at any time, or skip any questions that may you feel uncomfortable, with no penalty to you and no effect on any relationship you have with the housing development staff.

### **If you have questions**

The main researcher conducting this study is Keoki Hansen, a program evaluation specialist at Cornell University. Please ask any questions you have now. If you have questions later, you may contact Ms. Hansen at [stoppests@cornell.edu](mailto:stoppests@cornell.edu) or at 607-254-8990. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) for Human Participants at 607-255-5138 or access their website at <http://www.irb.cornell.edu>. You may also report your concerns or complaints anonymously through Ethicspoint online at [www.hotline.cornell.edu](http://www.hotline.cornell.edu) or by calling toll free at 1-866-293-3077. Ethicspoint is an independent organization that serves as a liaison between the University and the person bringing the complaint so that anonymity can be ensured.

You will be given a copy of this form to keep for your records.

### **Statement of Consent**

I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature\_\_\_\_\_ Date\_\_\_\_\_

Your Name (printed)\_\_\_\_\_

Signature of person obtaining consent\_\_\_\_\_ Date\_\_\_\_\_

Printed name of person obtaining consent\_\_\_\_\_

This consent form will be kept by the researcher for at least five years beyond the end of the study.