

## **Informed Consent and Demographics Questionnaire**

**Study Title:** Exploring Emotional and Psychological Well-being in Early Postmenopausal Women

**Principal Investigator:** Marjorie Leon

**Institution:** Walden University

**Contact Information:** Email: [participate@post-menopausestudy.org](mailto:participate@post-menopausestudy.org) Phone: 720-295-2423

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## **Informed Consent**

### **Introduction:**

You are invited to participate in a research study exploring early postmenopausal women's emotional and psychological well-being. This study aims to understand how women navigate emotional and psychological challenges during this life stage.

### **Procedures:**

If you agree to participate, you will be asked to:

1. Complete this consent form and a brief demographic questionnaire.
2. Participate in a one-on-one interview (approximately 60 minutes) conducted virtually via a secure platform.

### **Voluntary Participation:**

Participation in this study is entirely voluntary. You may decline to participate or withdraw at any time without any penalty. If you choose to withdraw, any data collected from you will be destroyed and not included in the study.

### **Potential Risks and Benefits:**

- **Risks:** You may experience mild emotional discomfort when discussing personal experiences. If you feel distressed, you may skip questions or stop participation at any time. A list of local mental health resources will be provided.
- **Benefits:** While participation has no direct benefits, your insights may contribute to understanding and supporting postmenopausal women's emotional well-being.

### **Confidentiality:**

Your responses will be kept confidential. Data will be de-identified, stored securely, and used solely for research. Only the research team will have access to the data. No identifying information will be included in the final study report.

### **Contact Information:**

If you have any questions about this study or your rights as a participant, please contact [Your Name, Contact Email, Phone Number]. For concerns regarding ethical aspects, you may contact the Institutional Review Board (IRB) at [Your Institution's IRB Contact Information].

**Agreement to Participate:**

By signing below, you indicate that you have read and understood this consent form, that you voluntarily agree to participate in this study, and that you are at least 18 years old.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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