

So, what goes into a subjects section?

The basics

- Number of participants
 - If multiple groups, how many per group
- How they were recruited
 - Sampling methods
 - Any differences between how groups were recruited
- How they were assigned to groups
 - Randomly, or balancing certain factors
 - This is sometimes described as part of procedure, instead

Also required

- Types of subjects, if clinical populations
 - This includes all relevant standardized scores, both on areas of deficiency and on unaffected skills
 - If multiple groups, it includes statistical comparisons on these test scores, as well
- Demographic information to the extent relevant
 - Gender
 - Age (mean & range)
 - Possibly SES and ethnicity
 - Any differences between groups on these factors
 - Whether any of these factors were manipulated, held constant, or balanced

Also required

- Any loss of participants, or any data dropped
 - Mortality issues
- Rewards/reimbursement for participation
- Other relevant information, such as:
 - Native language for language studies
 - Hearing ability for auditory studies, & vision ability for visual studies
 - Musical training for studies involving pitch
 - Handedness for studies involving dexterity or RTs

Example 1

- “Eight Duke University students participated in Experiment 1 (4 in Experiment 1A, and 4 in Experiment 1B). All subjects were paid \$8.”
- Note: In Experiment 1A, participants judged the loudness of tones; in 1B, they judged the pitch of tones. In both cases, the items could vary in the alternate dimension. RTs were measured.

Huetten, SA & Lockhead, GR (1999). Range effects of an irrelevant dimension on classification. *Percept. & Psychophys.*, 61(8), 1624-1645.

Example 2

“Subjects were 18 male and two female stutterers treated at the Prince Henry Hospital in Sydney, Australia between October 1974 and November 1975. Included were all those stutterers who were given the modified Erickson Scale (Erickson, 1969; Andrews and Cutler, 1974) at the beginning and the end of the three-week treatment program, and who could be contacted a year later for a follow-up interview. These 20 subjects were about 55% of the total number of subjects given this scale. The remaining 45% of the subjects lived too far from Sydney to be available.”

Guitar & bass (1978). Stuttering therapy: the relation between attitude change and long-term outcome. *JSHD*, XLIII, 392-400

Example 3

“Infants were recruited via birth announcements published in the local newspaper. Sixteen American infants, approximately 12 months of age were tested. The infants had an average age of 361 days (range: 335-402). Thirteen additional infants were tested but not included for the following reasons: failed to look for an average of at least 3 s to each side during test (n=4), cried (n=3), low birthweight (n=3; less than 5.5 lbs at birth), technical difficulties (n=3).”

Gomez, RL & Gerken, L (1999). Artificial grammar learning by 1-year-olds leads to specific and abstract knowledge. *Cognition*, 70, 109-135.

Example 4

“Three hundred and twenty children participated in this study, 273 typical language-learning children (TL) and 58 children with known word-finding difficulties (WF). The TL children were randomly chosen from a group of 800 students attending schools in the Chicago metropolitan area; the children with WF difficulties were referred from Chicago metropolitan schools and centers by their speech and language pathologists. The sample, from lower-middle to middle socioeconomic class homes (determined by parents' educational level) were distributed approximately equally across grades first through sixth and was composed of approximately equal numbers of boys and girls. Because of missing data (some children did not complete all items), the number of children in each analysis varies between 267 and 273 for typical language-learning children, and between 53 and 58 for children with word-finding difficulties. TL students had normal speech, language, hearing, and vision; had never received or been referred for special education services; and were judged by teachers to have age-appropriate reading and math achievement (for 7 year olds) or had grade appropriate achievement scores in reading and math on file (for 8, 9, 10, 11, and 12 year olds). Word finding skills of the WF group were assessed using informal measures consisting of a threefold process that included a speech pathology and author interview, a review of the student's Individualized Education Plan (IEP), and a speech and language pathologist's (SLP) completed word-finding questionnaire. Children in the WF group (a) had been identified by their school SLP as having word finding difficulties; (b) were receiving word-finding intervention with related IEP goals; and (c) had a documentation of word finding difficulties on a teacher-completed Word Finding Referral Checklist (WFRCL). The receptive language of the participants in the WF group was judged to be in the average range by their SLP, as documented by at least one or more of the following indicators: (a) age-appropriate language comprehension skills defined by the Peabody Picture Vocabulary Test-Revised; (b) no indication of language comprehension problems on their IEP, including no remediation objectives or outcomes specific to language comprehension; and (c) the presence of specific language characteristics that indicate appropriate receptive language skills, that is, “Knows the word he or she want to retrieve, but can't think of it” and “Has good understanding of oral language used in class.” – as reported on the SLP-completed classroom observation survey.”

Gemmak&Newman,2004
