

Guide to Writing Your Secondary Research Paper

Your Research Report should be divided into sections with these headings: Abstract, Introduction, Methods, Results, Discussion, and References.

Introduction: the "WHY" section (min: 1 page)

- state the purpose and rationale for your project
- state your research question succinctly, clearly, and thoroughly
- state why it is important to address this question
- describe the population(s) to be studied
- identify the impact of your research results (think “big picture”)
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Methods: the "HOW" section (min: 1 page)

- Before you outline this section, ORGANIZE your 5-7 (or more) sources in some logical way (by risk factor studied, method, etc.)
- Review the research questions and types of study designs (survey, interview, focus groups, etc.)
- Identify the study populations (ex: age, gender, and other characteristics) & give rationale
- Define how Risk Factor(s) (IV) and Outcome (DV) were measured in the various studies

Results: what did you find? (min: 1 page)

- Before you begin: Depending on how you are organizing your sources, it may be logical to include results in each section along with the methods used in each source. This is OK!
- Present the clear, concise, and comprehensive answers to your research question that were drawn from your various sources
- Present any other findings that are meaningful and very aligned to your research question
- Use text, tables, and graphs (minimum = 1). Try to summarize all of your sources in a table, if possible. Otherwise, you may draw specific data sets (graph, table, etc.) from the articles, just be sure to properly cite the work!

References (minimum 5 ‘in-texted cited’ sources for Secondary)

- Include as a separate page at the end of your paper
- Whenever you use information from other sources you must include the author's last name and the year of publication for the source in the text, e.g., (Jones, 1998), and a complete reference should be listed at end of your paper. (see MLA guide sheet for more explanation)

Abstract (1 paragraph)

- What is an Abstract? A short, clear, and carefully written summary of your research study! (see examples below)
 - Comes at the beginning of paper (before Introduction)
 - Concisely summarizes:
 - Purpose (research question)
 - Methods
 - Results
 - Key conclusions from Discussion
 - You'll need to create a title for your paper as well. This should include the variables you studied—both risk factor(s) and outcome! (see examples below)
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Abstract Examples

Energy Epidemic: Teen Perceptions and Consumption of Energy Drinks

Abstract

Teenagers are attracted to the boosts of energy and social popularity energy drinks provide, but are not aware of the risks of consuming them. This multi-variable study examined youth consumption of energy drinks, reasons for use, awareness of ingredients, side effects, and warnings. The results indicate teenagers are using energy drinks for a variety of self-reported purposes, most frequently studying and social functions. Energy drink usage was dependent on age and gender. Older students were the most likely to consume energy drinks. Females drink fewer energy drinks than males (both per month consumption and trial incidence). The study showed that 45.5% of students consume energy drinks at least once a month; 36.5% consume two or more energy drinks in a single day. Several findings are of particular concern: 1) This study documented high incidence of energy drink consumption by children, on both a trial and regular basis. By age 12, one in three surveyed students had tried energy drinks. By age 14, 80% had tried an energy drink. Over half of 16-year-olds surveyed consume one or more energy drinks per month. 2) Males have a higher incidence of trial (70.7% of males vs. 50.8% of females) and routine consumption than females. 3) The sample studied showed a lack of awareness of levels of stimulants in, and risk pertaining to consumption of energy drinks. This naiveté makes youth vulnerable to marketers' emphasis on positive effects of energy drinks, while unaware of negative side effects and associated risks.

Adolescent Smokers' Perceived Risk of Cigarette Use

Abstract

Little is known about risk perceptions of adolescents already engaged in risk behaviors. This study aimed to quantify adolescent smokers' perceived risk of smoking and to explore the association of demographic and social characteristics with this perceived risk. Data were obtained from the 2007 Minnesota Student Survey, administered to a total of 136,549 students in grades 6, 9, and 12. The 15,562 students who identified themselves as smokers were included in this study. The association between perceived risk of smoking and demographic and social characteristics was explored through bivariate and multivariate analyses. Among all smokers, 10.0% perceived no risk, 14.8% perceived slight risk, 29.3% perceived moderate risk, and 45.9% perceived high risk of smoking. Perceptions of smoking risk varied significantly across demographic and

social groups in bivariate and multivariate analyses. Holding lower perceptions of smoking risk was associated with being younger, male, African American, receiving free or reduced-price lunch, having a lower GPA, more frequent cigarette use, friends' approval of smoking, and lack of information about drugs and alcohol. Sources of drug information associated with higher perceived risk of smoking were friends/peers, school, and media. Adolescent smokers' perceived risk of smoking varied from no to high risk. Variations in smoking risk perception across demographic and social groups point to potential targets for smoking education as well as strategies likely to increase the effectiveness of smoking education.

Does Facebook Prevent Alzheimer's? The Relationship Between Online Social Networking and Cognitive Function in Senior Citizens

Abstract

Alzheimer's disease (AD) is a form of dementia, where there is loss of cognitive function. About 30% of senior citizens (ages 60 and over) in the U.S. are diagnosed with AD, and the number will increase rapidly due to longer life spans. Many researchers agree that AD will become the most prevalent chronic illness that future generations will face. Studies have shown that constant mental activity, novelty-seeking learning, and social interactions are great factors in preventing cognitive function loss, particularly AD. Online social networks such as Facebook, require members to learn to use the sites and various computer aspects and to interact with other members. The problem examined was whether elderly people that use online social networks have higher cognitive function levels than those that do not. It was hypothesized that active elderly online social networkers do retain higher levels of cognitive function, and therefore have lower chances of developing AD. Exactly 213 senior citizens were surveyed whether or not they used an online social network(s), and given a cognitive function test called the Mini Mental State Exam (MMSE), validated and extensively used in both clinical practice and research. Higher scores on the test indicated higher levels of cognitive function. A t-Test was run, and it showed that the online social networking senior citizens have statistically significant higher levels of cognitive function than the non-networking. A positive correlation between online social networking and cognitive function levels can be seen. Online social networking might be an effective prevention method for AD.