

SURVEY CONSENT FORM

Study Title: _____

Researcher: _____, _____

I/We are asking you to be in this research study because

_____.

You must be age 18 or older to participate in the study. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researcher(s) to ask questions if there is anything you do not understand.

- 1. PURPOSE.** The purpose of the research study is:
- 2. PROCEDURE.** If you agree to be in this study, you will complete a survey. The survey includes questions about _____ and should take you about _____ to complete.
- 3. RISKS/BENEFITS.** It is unlikely that you will experience any risks or discomforts beyond what would be experienced in everyday life by participating. There are no specific benefits associated with participating.
- 4. COMPENSATION.** You will be offered compensation in the form of _____.
- 5. CONFIDENTIALITY.** The data collected in this study are completely anonymous. No personally identifiable information will be collected and the information you choose to provide in this study cannot be connected back to you. Results from this study may be published or presented at research conferences, and the anonymous data and may be shared with other researchers through an online data repository.
- 6. VOLUNTARY PARTICIPATION.** Your participation in this study is voluntary and you may choose to not participate or end your participation at any time without penalty.
- 7. QUESTIONS.** If you have any questions about this study, you may contact _____ by phone at _____, or by email at _____.
- 8. CONSENT.** I have read and understand the above consent form. I certify that I am 18 years old or older.

Participant Signature: _____ **Date:** _____

Print Name: _____