

Andrews University
Online Survey Consent Form

You are being invited to participate in a research study titled **["Name of your study"]**. This study is being done by **[Name of Researcher(s)]** from the Andrews University. You were selected to participate in this study because **[insert inclusion criteria]**.

The purpose of this research study is **[provide participants with a clear and accurate statement of the scientific purpose and objectives of the research, use lay terms, do not repeat the study title]**. If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey/questionnaire will ask about **[insert topic of questions, especially if sensitive issues will be asked about, i.e. – alcohol/drug use, suicide, child abuse, etc.]** and it will take you approximately **[XX]** minutes to complete.

You may not directly benefit from this research; however, we hope that your participation in the study may **[describe societal benefits]**.

We believe there are no known risks associated with this research study; however, as with any online related activity the risk of a breach of confidentiality is always possible. To the best of our ability your answers in this study will remain confidential. We will minimize any risks by **[describe how confidentiality will be secured, maintained, and how data will be disposed of]**.

Your participation in this study is completely voluntary and you can withdraw at any time. You are free to skip any question that you choose.

If Applicable - For surveys covering sensitive subject matter, including steps you will use to minimize any potential risks or minimizing risks. Please include the following statement in the informed consent AND include a debriefing form at the end of the survey: "As researchers we are not qualified to provide counseling services and we will not be following up with you after this study. If you feel upset after completing the study, or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance please contact **[insert the appropriate contact information for local or national psychological/mental health services ;) or contact information for your advisor. In the unlikely event of injury resulting from this research, Andrews University is not able to offer financial compensation nor to absorb the costs of medical treatment. However, assistance will be provided to research subjects in obtaining emergency treatment and professional services that are available to the community generally at nearby facilities. My signature below acknowledges my consent to voluntarily participate in this research project. Such participation does not release the investigator(s), sponsor(s) or granting agency(ies) from their professional and ethical responsibility to me.]**" In the case of an emergency please call 911."

If you have questions about this project or if you have a research-related problem, you may contact the researcher's advisor **[insert name(s) and phone number(s)]**. Or the researcher(s), **[insert name(s) and phone number(s)]**. If you have any questions concerning your rights as a research subject, you may contact the Andrews University IRB Office at (269) 471-6361 or irb@andrews.edu

By clicking "I agree" below you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

I Agree

I Do Not
Agree