Online Questionnaire 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 University of Massachusetts Amherst. You were selected to participate in this study because ***[insert inclusion criteria]***.

**Why are we doing this research study?**

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].***

**Who can participate in this research study?** [*Describe the desired characteristics of subjects including age, gender, demographics, health limitations, or other inclusion/exclusion criteria specific to your study, etc.*]

**What will I be asked to do and how much time will it take?**

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.

**Will being in this research study help me in any way?**

[Describe any direct benefits to the participant that may be reasonably expected as a result of the research. Describe benefits expected to accrue to the population the participant represents or to society in general (e.g. advancement of knowledge, health benefits to others).]

[If participants are not expected to directly benefit, then use the following suggested statement for this section: “You may not directly benefit from this research; however, we hope that your participation in the study may…(Describe societal benefits).”]

[DO NOT include payments for participation or other incentives and gifts as a benefit of participation.]

**What are my risks of being in this research study?**

[*Inform the participant of any risks (e.g. physical, psychological, social, economic) as a result of study procedures. Each procedure should be identified and then the associated risks described. Identify immediate and latent risks and list them in appropriate order, from most likely to least likely to occur. Identify steps taken to minimize risks. Indicate if there may be unforeseen risks*.]

*[Add a statement that the risk of breach of confidentiality always exists]*

[*Inform the participant of any inconveniences (e.g. the amount of time required to complete procedures, abstention from food, length of time participants may be required to sit or stand) as a result of study procedures*.]

[*If* *there are no known physical, psychological, social, economic risks, then use the following suggested statement in this section:* “We believe there are minimal risks associated with this research study; however, a risk of breach of confidentiality always exists and we have taken the steps to minimize this risk as outlined in a section below.]

**How will my personal information be protected?**

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].***

**Will I be given any money or other compensation for being in this research study?**

[*If participants will not receive payment, please state so.]*

*[If applicable, compensation should be prorated and should accrue as the study progresses and not be contingent upon completion of all study procedures.]*

[*Describe any cash payment, gifts, raffle prizes, etc. to participants and the method by which compensation will be paid. Include conditions for partial payment or no payment for early termination. If compensation will be paid in stages, list amount for each stage and the total amount that could be earned for completion of the study*]

If Applicable - For surveys covering sensitive subject matter, including the Beck Depression Inventory (BDI), 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 University, local, and/or national psychological/mental health services;]*** In the case of an emergency please call 911.”

**What happens if I say yes, but I change my mind later?**[*Suggested statement to begin section*: “You do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.”]

**Who can I talk to if I have questions?**If you have questions about this project or if you have a research-related problem, you may contact the researcher(s), ***[insert name(s) and phone number(s)*. *If applicable, make sure to include your faculty sponsor’s contact information as well.]*** If you have any questions concerning your rights as a research subject, you may contact ***[list contact information for a POC in your group]***.

By clicking “I agree” below you are indicating that you are at least 18 years old, have read this consent form and agree to participate in this research study. You are free to skip any question that you choose.

Please print a copy of this page for your records.

I Do Not Agree

I Agree