

# Informed Consent

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This study is about (*briefly describe the study and any risk*)

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Please take some time to answer each of the questions carefully. There are no right or wrong responses. It should take you about (*number of minutes*)\_\_\_\_\_ to complete.

This study will provide researchers with a better understanding of the many processes that are involved in (*specific field*)\_\_\_\_\_.

Your identity will be kept confidential. Only the investigators will have access to your responses, which will be stored either digitally or in a locked office. Only aggregate results will be reported and your signature on the next screen will indicate your participation.

If you have any questions about the research, either now or later, please contact (*researcher name(s) and email*)

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or (*IRB Chair and email and phone number*)

\_\_\_\_\_.

Should you experience any discomfort as a result of participating in this study, please contact the ETBU Counseling Center (*email and phone number*)

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Your participation in this study is voluntary and you may refuse to participate. You may withdraw at any time during this study.

(*Indicate whether there may be an opportunity for Extra credit or compensation*).

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