

SAMPLE SURVEY CONSENT FORM

My name is _____. I am a graduate student/faculty member in the department/school/college of _____ at Southern Illinois University Carbondale.

I am asking you to participate in my research study. The purpose of my study is to _____.

Participation is voluntary. If you choose to participate in the study, it will take approximately _____ minutes of your time. You will _____ (describe exactly what you will ask the person to do). The minimum age to participate is 18/19 years of age.

There is no penalty for not participating or for withdrawing from the study. (if applicable, there will be no effect on grades/class standing/services rendered if you choose not to participate or to withdraw.) If you want to withdraw, you should (close your browser, click EXIT, what action should they take to quit.). Any information submitted prior to your withdrawal will be_____.

All your responses will be kept confidential within reasonable limits. Only those directly involved with this project will have access to the data. I will take all reasonable steps to protect your identity. (state that responses are anonymous, if applicable)

You may skip any question that you would prefer not to answer.

The anticipated risks of this study are _____. The anticipated benefits are _____.

Compensation in the amount of _____ will be offered if you successfully complete this study. (If compensation is offered. If it is not, you may omit this sentence, or you may state that there is no compensation offered.) (If there will be a drawing [do not use the word raffle], please indicate how many items will be drawn for and how many participants are anticipated.)

If you have any questions about the study, please contact me. (or my advisor, if applicable)

(Put your name and email here) (Add your advisor's name, department, email, and telephone number.)

Thank you for taking the time to assist me with this research.

By clicking NEXT below, I affirm that I am 18/19 years of age and voluntarily consent to participate in this survey.

NEXT

This project has been reviewed and approved by the SIUC Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the committee chairperson, Office of Research Compliance, SIUC, Carbondale, IL 62901. Phone (618)453-4534. E-mail: siuhsc@siu.edu