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|  | **Instructions for Developing the Informed Consent Portion of an Anonymous Internet Survey**March 2022 |

Sections in **GREEN FONT** are directions for investigators and should not appear on the final form.

Sections in **BLACK FONT** are required statements and should not be altered.

Note: This Consent Form should be combined with a survey and posted as a single document on the Survey Site.

* **Do not use this form for a survey that is coupled to compensation of ANY kind - including SONA and MTurk - or that requires participants to identify themselves.**
* **DO NOT use this form if you DO NOT have a separate account with the internet survey provider.**

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|  | **Informed Consent to Participate in an Anonymous Internet Survey** |

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| **Study Title:** | Title as shown on IRB application |
| **Research Investigator(s):** | Names and Departments, include Advisor, if researcher is a student  |
| **Investigator(s) Contact Information** | Office phone and cmich.edu address. It is not advisable to list a personal phone number or email address. |

# What is the purpose of this study?

# State that the study involves research and explain the its purpose in nontechnical language.

# What I will do in this study?

# Describe the procedures to be followed and their purpose.

# How long will it take me to do this?

Describe the expected duration of the subject’s participation.

# Are there any risks to me for participating in the research?

Describe any risks and/or discomforts that can reasonably be expected as a result of participating in this research. Avoid saying there are no risks. For a minimal risk research, it is acceptable to state “This research poses no risks beyond those encountered in daily life.“

# What are the potential benefits of participating in the research?

# Describe any potential benefits to the participants, society, or both that can reasonably be expected from the research. If there are no benefits to an individual, state so.

# Will anyone know what I do or say in this research (Confidentiality)?

# State that no attempt will be made to identify the participant. State that you will disable the IP address tracking function of the internet site hosting the survey.

# How can I contact someone outside the research team for information about this research?

If you wish to talk to someone other than the researcher(s) to ask questions about your rights as a research participant, obtain information or discuss any concerns about this research, or offer input about this research, please contact (anonymously if you wish):

Central Michigan University Institutional Review Board
Phone: (989) 774-6401 Email: researchconcern@cmich.edu

# Your Participation is Voluntary.

Your participation in this research is voluntary. You are free to refuse to participate in this research project or to withdraw your consent and discontinue participating in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your relationship with the institution(s) involved in this research project.

# Statement of Consent to Participate.

By continuing with this survey, I am indicating that I am 18 years of age or older and that I consent to participate in this research.

<<<Insert survey questions here>>>