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|  | **Survey Research****Information Sheet** |

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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.

# Is there any cost for participation?

Participation in this study will be of no cost to you.

# Will I be paid to participate?

Describe the compensation if applicable. Delete this section if not applicable.

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

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. No attempt will be made to identify you from the responses provided. Descibe plans for maintaining the confidentiality of the data.

# 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: IRB@cmich.edu

# Your Participation is Voluntary.

Taking part in this study is voluntary. You have the right to choose not to take part in this study. [*Delete the following sentence if not applicable,*  If you decide to take part in the study you can later change your mind and withdraw from the study.] You are free to answer only questions that you want to answer. You are free to withdraw from participation in this study at any time. Your decisions will not change any present or future relationship with Childrens’ Hospital of Michigan or Central Michigan University or their affiliates, or other services you are entitled to receive.

# 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.