# INDIANA UNIVERSITY STUDY INFORMATION SHEET FOR RESEARCH

**[Insert Title of Study]**

**You are being asked to participate in a research study.** Scientists do research to answer important questions that might help change or improve the way we do things in the future. This document will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

**All research is voluntary.** You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

[For research conducted online meant to exclude children, include the following:] **This research is intended for individual 18 years of age or older. If you are under age 18, do not complete the survey.**

[For research conducted online meant only to include residents of the United States, insert the following:] **This research is for residents of the United States. If you are not a U.S. resident, do not complete the survey.**

**The purpose of this study** is to [Insert explanation for why the research is being done. Use language understandable to the subject (i.e., eighth grade level)].

We are asking you if you want to be in this study because [Insert explanation regarding how and/or why the subject was identified]. The study is being conducted by [Insert investigator(s) name(s) and University/Departmental affiliation]. It is funded by [Insert Sponsor or funding agency name, if any].

**If you agree to be in the study, you will do the following things.** [Insert explanation of all activities/tests that are included in the study (e.g., assignment to study groups, study visits, surveys and questionnaires, focus groups, audio or video recordings, etc.) using language understandable to the subject (i.e., eighth grade level). Include the following:

* Where the activities are performed and how frequently they are performed
* The expected amount of time each activity and/or visit will last

Include the total duration of subject participation, e.g., You will be in this study for about two years.]

**Before agreeing to participate, please consider the risks and potential benefits of taking part in this study.** [Insert explanation of the risks and/or discomforts of each of the activities listed above using language understandable to the subject (i.e., eighth grade level). Include an explanation of measures that will be employed to minimize the risks. **It is never appropriate to state that there are no risks.]**

Examples of risk statements with protection procedures:

You may be uncomfortable while answering the survey questions. While completing the survey, you can skip any questions that make you uncomfortable or that you do not want to answer.

There is a risk someone outside the study team could get access to your research information from this study. More information about how we will protect your information to reduce this risk is below.

We don’t think you will have any personal benefits from taking part in this study, but we hope to learn things that will help researchers in the future. [If the study may directly benefit participants, an explanation of the benefit may be substituted.]

**You [will/will not] be paid for participating in this study.** [If there is payment, insert a description of the details and any conditions of payment, including if partial payment is applicable]. **There is no cost to participate in the study.**

**We will protect your information** and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study. [If audio or video recordings will be made, insert an explanation regarding who will have access to the recordings and when the recordings will be destroyed. If audio or video recordings may be shared during publication or for educational purposes, this must be explained, as this data is considered identifiable.]

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Indiana University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law). [Add any other organizations that may receive or review identifiable research records. For example: Additionally, your research information may be shared with our collaborators on this research study at [institution name(s)], [sponsor name], etc.]

**If you have questions about the study or encounter a problem with the research**, contact the researcher, [Insert name of investigator], at [Insert telephone number]. You may also include an email address.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Research Protection Program office at 800-696-2949 or at irb@iu.edu.