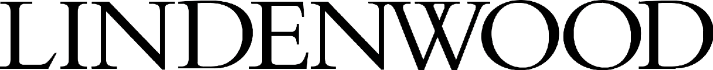
**When do I use this Consent Form template?**

* Use this template when conducting **research that only involves a survey and you will be collecting identifiable and/or sensitive data**.
* This template will help you communicate information about your research to potential participants. Research is always a relationship between an investigator and participants. Informed Consent is a key element of this relationship.

**How do I complete this Consent Form template**?

* All text in **Green** are instructions and must be deleted before using this form.
* Do not alter any template text, or any elements in the footer.
* All spaces in **[Brackets]** must be completed or revised by the Researcher. Refer to Guidance – Instructions for Completing a Consent Form for more advice about drafting appropriate language and formatting for a Consent Form.
* Delete this Instructions page before submitting your form for review.



**Survey Research Consent Form**

**[**Insert Project Title, exactly as presented in IRB Application**]**

You are asked to participate in a survey being conducted by [provide name of researcher] [under the guidance of **[**provide name of faculty supervisor**]**]at Lindenwood University. We are doing this study to [provide a brief description of the purpose of the study, and what questions will be asked. If participants will be observing anything (e.g. a video or audio file) prior to or during the survey, briefly describe what participants will be required to observe]. It will take about [insert time in minutes]to complete this survey.

Answering this survey is voluntary. We will be asking about [insert number of participants] other people to answer these questions.

**[If the study is funded by a grant or funding agency, include the following]**

This study is being conducted with funding provided by [include name of funding agency]

**[If performing follow up surveys]**

At the end of the survey you will be asked if you are interested in participating in an additional interview [specify by phone, in person, or email]. We will [describe follow up activities, type of questions asked, and time in minutes required by participant involvement].

**What are the risks of this study?**

**[Pick one of these two options]**

**[Include if the survey is not collecting sensitive information]**

We do not anticipate any risks related to your participation other than those encountered in daily life. You do not need to answer any questions that make you uncomfortable or you can stop taking the survey at any time.

**[Include if the survey is collecting sensitive information]**

Some questions in the survey may make you uncomfortable. You do not need to answer any questions that make you uncomfortable or you can stop taking the survey at any time. If the answers you provide became known outside the research team, they could place you at legal risk, harm your reputation, employment status, or ability to have insurance.

**[Pick one of these two options]**

**[Include if the survey is collecting identifiable data which will be coded**]

We will be collecting data that could identify you, but each survey response will receive a code so that we will not know who answered each survey. The code connecting you and your data will be destroyed as soon as possible. We do not intend to include any information that could identify you in any publication or presentation.

**[Include if the survey is collecting identifiable data]**

We are collecting data that could identify you, such as [include description any data which meets LU definition of identifiable data]. Every effort will be made to keep your information secure and confidential. Only members of the research team will be able to see your data. We do not intend to include any information that could identify you in any publication or presentation.

**Will anyone know my identity?**

We will do everything we can to protect your privacy. We do not intend to include information that could identify you in any publication or presentation. Any information we collect will be stored by the researcher in a secure location. The only people who will be able to see your data are: members of the research team, qualified staff of Lindenwood University, representatives of state or federal agencies.

**What are the benefits of this study?**

You will receive no direct benefits for completing this survey. We hope what we learn may benefit other people in the future.

**[Include if you are compensating participants with money, gift cards, or a similar item]**

To thank you for taking part in our study, we will send you [Describe method and amount of compensation] after you take the survey.

If you have any questions about your rights as a participant in this research or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact the Lindenwood University Institutional Review Board at (636) 949-4155 or [irb@lindenwood.edu](mailto:irb@lindenwood.edu). You can contact the researcher, [Insert Researcher Name] directly at [Insert Researcher Phone Number] or [Insert Researcher Email]. You may also contact [Insert Faculty Advisor name and email, if applicable]**.**

**[Include if Survey is conducted online. Delete the signature boxes below.]**

By clicking the link below, I confirm that I have read this form and decided that I will participate in the project described above. I understand the purpose of the study, what I will be required to do, and the risks involved. I understand that I can discontinue participation at any time by closing the survey browser. My consent also indicates that I am at least 18 years of age.

You can withdraw from this study at any time by simply closing the browser window. Please feel free to print a copy of this consent form.

**[Include if Survey is conducted online using the LPP. Delete the signature boxes below.]**

By clicking the link below, I confirm that I have read this form and decided that I will participate in the project described above. I understand the purpose of the study, what I will be required to do, and the risks involved. I understand that I can discontinue participation at any time by simply not completing the survey. My consent also indicates that I am at least 18 years of age, or that I have parental consent on file with the Lindenwood Participant Pool.

You can withdraw from this study at any time by simply closing the browser window. Please feel free to print a copy of this consent form.

**[Include if Survey is conducted on paper. The boxes below are only required if this option is selected.]**

By returning this survey, I confirm that I have read this form and decided that I will participate in the project described above. I understand the purpose of the study, what I will be required to do, and the risks involved. I understand that I can discontinue participation at any time by simply not completing the survey. I also confirm that I am at least 18 years of age.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant's Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal Investigator or Designee Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigator or Designee Printed Name**