##

### ASSENT TO BE IN A RESEARCH PROJECT

Note to investigator: please adjust the language of this template to fit your participants’ age and/or reading abilities.

#### Research Study Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Simmons University

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Invitation to Be in a Research Study

You are invited to volunteer for a research study. You are invited to take part because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

##### Purpose of Research

We are doing this research study to learn about\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

##### Your Rights

It is important for you to know that being in this study is completely up to you. You may decide to quit this research project at any time and do not have to worry that anyone will be upset with you for quitting. If there are any changes in the project that might affect you, you will be told about them.

**Procedures:** Your part in the project will last \_\_\_\_\_\_\_\_\_\_. You will be [indicate how their responses will be recorded, where, how their response will be saved/recorded]

**Alternatives:** At any time, you may decide that you do not want to continue to be in this study.

**Risks:** [Example: There is a chance that some questions may make you feel uncomfortable. You may refuse to answer questions at any time during the interview.]

**Benefits:** [Discuss benefits to the participant as described in the project description, including any participant compensation]

**Costs:** [Example: Being in this study will not cost you anything, other than the time spent during the interview.]

**Confidentiality:** [Example: All information will be confidential to the extent possible by law. In all records of the study, you will be known by a code number and your name will be known only to the researchers. Your name and personal information will never be shared with anyone outside of this research project. Also, we will not link personal information about you to your actual identity whenever we share information from this study so that no one will know who you are when we write about the study or tell other people about it. If you agree to have the interview recorded, the recording will be destroyed after we are done with the study.]

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Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Simmons University

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions:** Please feel free to ask any questions you have about the study or about your rights in the research project. If you think of other questions later, you may call me, \_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_. If at any time during or after the study, you would like to talk about the study with someone who is not working on it, you may contact the Human Protections Administrator at Simmons University, at irbprotocols@simmons.edu.

This research project and my rights as a study volunteer have been explained to me. I have had a chance to discuss this with the researcher and all of my questions have been answered.

* I agree to be a volunteer in this study.
* I understand that I may quit this project at any time.
* I have been given a copy of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature

**[Include if necessary] I agree to have my interview audiotaped:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature